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ABSTRACT

This manual, with accompanying facilitator's guide, presents a program for drug education designed for use by groups of families led by volunteer facilitators. The program offers an approach toward building better communications and understanding among family members. The program consists of six group sessions based on learning experiences emphasizing communication skills. For each session the participant's manual includes readings, exercises, assignments, discussion questions and suggestions for role playing. The appendix provides necessary background information: a brief history of drugs and drug use, a brief pharmacology of selected drugs, and a glossary of medical/scientific terms. The facilitator's guide includes instructions for each session, specific suggestions for group discussion techniques and a number of role-playing situations. Audiovisual materials are available and the appendix includes a list of NIMH lending libraries. (DOW)

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NATIONAL INSTITUTE ON DRUG ABUSE

A FAMILY RESPONSE TO THE DRUG PROBLEM

CG 012 343

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A FAMILY RESPONSE TO THE DRUG PROBLEM

A Family Program for the Prevention of Chemical Dependence

FIND

(Families Involved in Nurture and Development)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

NATIONAL INSTITUTE ON DRUG ABUSE
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Project FIND (Families Involved in Nurture and Development) wishes to acknowledge its indebtedness and gratitude to many people who shared in the development of this program.

The Metro Drug Awareness program of the Minneapolis Health Department first created the basic material, **Parents Are Responsible** (PAR), from which this program has been adapted.

Many groups and consultants provided helpful advice, valuable information, and counsel. To all we extend our sincere thanks. Without all of them collectively the project could never have been undertaken. Without any one of them the job would have been a great deal more difficult and the results much less worthwhile.

INTRODUCTION

Families are important. Family members can give each other the most important gifts we can all receive: love, caring, understanding, and support. And we have learned that these factors are fundamental in any effort to prevent the problems of drug abuse.

The National Institute on Drug Abuse recognizes that the prevention of drug abuse is a difficult process which demands commitment, innovation, and an appreciation for the complexity of each individual. And the Institute also recognizes the potentially significant role of the family in this process. Family groups are a natural prevention resource and a crucial element in a healthy society.

A Family Response to the Drug Problem, based on the **FIND** program, is offered to families as one approach toward building better communications and understanding. It is our hope that this book can provide some benefits which go beyond the prevention of drug abuse.

John R. Olsen, Ph.D.
Chief
Prevention Branch
Division of Resource Development

FIND

The **FIND** program is based upon the belief that healthy families are the most promising of all of society's institutions for reversing the trend toward increased dependence on chemical substances. It recognizes the steadily growing influence that drugs have had on our society over the last decade. It seeks to be realistic about the paradox of our drug-oriented society which takes its adult drug-using behavior for granted but is alarmed over the juvenile aspects of it. It acknowledges that the use of some drugs by people of all ages involves some benefits along with the well-publicized risks. It seeks to understand the reasons behind drug-using behaviour, whether it is that of other people's children, our own children, other adults, or ourselves.

The six sessions presented here make use of several kinds of learning experiences, with emphasis on honest sharing of ideas, attitudes, and feelings in group discussion. Of course, effective discussion must also emphasize careful, sensitive listening. Audiovisual materials are available as optional resources but are not emphasized.

STATEMENT

OF

PROGRAM GOALS

To provide participants an opportunity to experience the benefits of small group dynamics.

To provide families with some facts about chemical substances and about society's past and present use of them.

To help family members identify their attitudes toward themselves and toward others.

To help families identify their own chemical dependencies.

To awaken families to the creative possibilities of wholesome interpersonal relationships in the family.

To give families some basic tools for family communication.

To help families understand and respond to family needs.

To help families understand values and their influence on behaviour, and to help them participate in the valuing process.

To help people in families to experience good feelings about themselves.

To help families create or improve upon a life style which will produce growth without depending on chemicals.

To help families recognize the need for continuous growth and development.

To foster society's gradual movement toward prevention of dependence on chemical substances by helping families to nurture their own growth and development.

YOUR ROLE AS PARTICIPANT

IN A

DISCUSSION GROUP

The effectiveness of a small discussion group has more to do with **relationships** than with the **structure** of the group or the **subject matter** discussed. What happens to the people involved is the most important thing about a group.

Groups function best when each person in the group takes responsibility for what is happening in the group—for seeing that something worthwhile is going on. This means that even though the group is "led" by a facilitator, every participant shares in the leadership of the group by being concerned about what happens to themselves and to every other person in the group. This can be done by:

1. Being clear in your own mind about the purposes and goals of the group so your participation can be aimed in that direction.

2. Not allowing your own personal interests to prevent the group from growing toward its goal. If you participate only because you enjoy the attention you receive, or because you wish to impress the group with your intelligence, or because you want to put down someone else's comment—then you are using the group to satisfy your own needs rather than helping the group to achieve its purpose. Members must care as much about the success of the group as they do about themselves. This is not easy.

3. Encouraging others to contribute helpfully to the group. Everyone's contribution is a resource by which the group can develop more fully. A group that fails to draw out all its members will fall short of its potential.

4. Listening carefully to others so your own contributions can be made relevant to the ideas and issues at hand.

5. Not criticizing others.

6. Encouraging and accepting expressions of feeling.

7. Observing and reacting to the behaviour of other group members—thus allowing them to have an impact on you.

8. Sharing yourself so you can have an impact on others.

9. Modeling, **doing** what you would like the group to be—open, honest, listening, accepting, affirming.

Wanted:

1 IN SEARCH OF AN APPROACH TO THE DRUG PROBLEM

GOAL

To help participants begin to develop a group feeling; to help participants think about their own feelings toward the drug problem and toward drug laws; to introduce participants to a promising approach to the drug problem; and to define terms.

A SUGGESTED OUTLINE

GETTING ACQUAINTED
Who are we?

SHARING GOALS
Why are we here?

READING AND DISCUSSION ON "A LOOK AT DRUG LAWS" (PART I)

READING AND DISCUSSION ON "A SUGGESTED APPROACH TO THE DRUG PROBLEM" (PART II) and "DEFINITIONS OF TERMS" (PART III)

FINDING OUT FOR YOURSELF
A personal reading assignment and a family task assignment preparation for the next session.

READING

INTRODUCTION: Reacting to the Drug Problem

How do you react to the "drug problem"? Does the very thought of it touch off an uneasy fear inside you? Does it trigger in your mind alarming mental pictures of . . .

. . . rebellious young people;
. . . frantic parents;
. . . crafty smugglers;
. . . greedy pushers;
. . . helpless addicts;
. . . frustrated police?

If so, you are not unusual. Your reaction is understandable. The negative social side effects of the drug problem are real and frightening. It is not surprising then !! . . .

> *most of our efforts to deal with the problem have been motivated by fear.*

Making and enforcing laws to protect ourselves, our children, and our communities, have been our natural reactions.

PART I: A Look at Drug Laws

THEIR TRADITIONAL ROLE

Drug laws have always seemed important as the most likely way to solve the drug problem—or at least to control it. We expected that just the right combination of wise laws and effective enforcement would do three things for us:

(1) Pronounce our disapproval of certain drug-using behaviour;
(2) Discourage drug abuse by punishing illegal users and threatening to punish potential ones; and
(3) Cut off the drug supply by arresting and punishing suppliers and pushers.

Thus, by pinning our hopes on drug laws, the solution to the drug problem seemed simple enough—prevention of all harmful drug use by force of law.

THEIR EVOLUTION

As the drug problem grew more intense, part of that solution included repeated efforts to make our drug laws more effective.

Opinions about how to do this have varied:

> The "law-and-order" viewpoint has traditionally emphasized strict laws and rigid enforcement.

> The "humanitarian" viewpoint has been concerned about untangling the complex human problems in which most drug offenders seem to be involved.

Our changing drug laws exhibit influence from both these view-points. On one hand they continue to emphasize punishment. At the same time they are evolving toward more sympathetic understanding of human problems.

Our Federal Government has led the way in the evolution of drug laws by passing the *Comprehensive Drug Abuse Prevention and Control Act of 1970*, which became effective on May 1, 1971. This law has served as a model for many new state and local laws.

The most significant changes in drug laws are distinctions about the nature of drug use as compared with other crimes—distinctions which were not acknowledged a few years ago.

> Thus, private voluntary drug use, once treated the same as major crimes of violence, is now being treated more realistically. Punishments are scaled in severity according to the degree of danger associated with different drugs. Juveniles are distinguished from adults, habitual users from casual experimenters, and professional pushers from young people who simply share with their friends.

Drug laws no longer leave drug education to chance but structure it into the school curriculum at several age levels.

Drug laws also allow judges new flexibility in sentencing offenders. A guilty verdict no longer means automatic imprisonment. Today some form of treatment or rehabilitation effort is likely to be part of a judge's decision.

THEIR EFFECT

However, despite our best efforts to make drug laws effective, our expectations have been disappointed. Not only has the drug problem resisted our efforts, in some ways it seems to have gotten worse—or at least more alarming.

> We used to be alarmed about addictive narcotics on the college campus. Then we worried about marijuana in our high schools. Our latest concern is for our pre-teen children in junior high school who have an abundance of easily available household drugs with which to imitate older brothers and sisters—and adults.

For an increasing number of people the problem is dangerously close to home, if not in fact already there.

Apparently, by expecting so much from our drug laws, we were unaware of some unavoidable limitations.

THEIR LIMITATIONS

Limited Power to Deter. One of the limitations of drug laws is that they do not always deter people from using drugs. Apparently for thousands of people,

the mere existence of laws which threaten punishment, is not the deciding factor in choosing to use—or not to use—drugs.

> Something else is—*some deeply human need or combination of needs.* For some people, these needs are so real, so important and so overwhelming, that they—not laws—are the deciding factor in the decision to use drugs.

Defective Enforcement. A second limitation exists in those particular drug laws which are not being enforced, either because no one wants to or no one knows how.

Laws which disagree with some very basic attitude of society are virtually impossible to enforce because so few people expect to obey them.

> Our national experiment with prohibition was such a law. When the U.S. adopted a constitutional amendment prohibiting the use of alcohol as a beverage, apparently a significant number of Americans did not intend to obey. Eventually the whole experiment had to be abandoned.

Similar state and local drug laws exist today and are being ignored. Apparently society does not really expect or want to prevent certain kinds of questionable drug use. Widespread illegal use of beer and tobacco by under-age young people is an example. Commonplace illegal use of marijuana by both young people and adults is another.

Oversimplification. A third limitation is oversimplification. We pinned our hopes for prevention on a simple solution. The problem turned out to be much more complex than we had thought.

> People use drugs for a multitude of different reasons and in a variety of different ways, some of them harmless and some harmful. The law, however, recognizes only two kinds of drug-using behaviour, legal and illegal.
>
> We usually assume that because legal and illegal seems to also mean right or wrong, good or bad, it probably also means harmless and harmful.

On closer examination, however, it is not necessarily true that "illegal" always means "harmful." A 16-year-old who experiments with one cigarette is *illegal* but probably no more *harmful* than an 18-year-old who can do the same thing legally. Thus, it can be confusing to assume that "illegal" and "harmful" are always identical.

> ***Our real concern in this program is how to prevent drug use which is harmful to people, whether it is legal or illegal.***

Focusing our attention on the distinction between legal and illegal behaviour seems to limit our thinking to legal issues. It diverts our attention from the real but complex human problems that usually accompany harmful drug use.

THEIR RELATIONSHIP TO THIS PROGRAM

First, we think it is important to know what conduct the law requires and to understand the consequences of disobedience.

You may wish to do some personal research on the laws of your own state or community.

Second, we think it is important that these laws be wisely and effectively enforced.

Even though there is growing recognition that a solution to the complex drug problem will call for additional measures, almost everyone continues to feel that drug laws and their enforcement are still necessary and probably always will be.

How well this is being accomplished in local communities is a matter of keen interest to most people. Those with a special concern may wish to do some personal investigation.

Third, we think it is important to continue trying to improve both our laws and their enforcement.

This is primarily the work of specialists—lawyers, legislators, judges, police, social workers, psychologists, sociologists, educators, doctors and clergy. We should be grateful for their work and support them in it.

Fourth, we think it is important to think clearly about the purpose of drug laws, and to honestly acknowledge their limitations.

This will help us adopt realistic expectations of what laws can and cannot do.

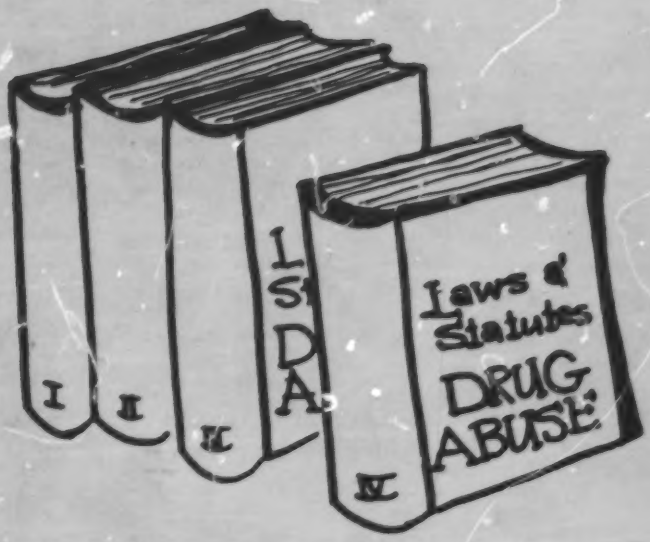
Thus, we should expect our laws to exercise continued efforts to control the *supply* of drugs, to minimize abusive conduct, to educate the public, and to treat and rehabilitate those with personal drug problems.

However, for efforts to curtail the *demand* for drugs—that is, efforts to fulfill emotional needs which cause some people to turn to drugs—we should expect to look elsewhere.

This program has been created to encourage a look beyond our drug laws in search of a solution to the drug problem. The program is based on the belief that prevention of drug abuse depends on a significant number of ordinary people in ordinary families being able to meet each other's needs in wholesome, creative ways without turning to chemicals for help.

FOR REFLECTION AND DISCUSSION

1. What were your feelings about the "drug problem" before you started this program?
2. How important are drug laws to you personally? Why?
3. How significant to the prevention of drug abuse are the limitations of drug laws as you see them?



PART II: A Suggested Approach to the Drug Problem

THE PEOPLE APPROACH

Acknowledging the limitations of drug laws helps free us to pay fresh attention to the basic human causes of the drug problem. The new questions we are free to face are:

What are the human needs that create a demand for drugs?

How can we help people respond to those needs without resorting to chemical assistance?

We are confronted then, not only with a "drug problem," but with a "people problem."

This does not necessarily make the solution any easier. Human beings—and the way they interact with one another—are extremely complex. Therefore the causes of the drug problem are at least equally complex. So will be the solution.

However, the "people approach" should help us to at least apply our efforts where they will be most effective.

The "solution" to the drug problem—if indeed there is one—now seems more promising through human understanding and through sensitive personal relationships than from making laws in response to fear.

This way of looking at the drug problem may require a significant change of attitude for some of us. When we focused our attention on the drug problem we felt a need to do something about drugs. Laws and enforcement were a natural result.

Now, however, we are suggesting a shift of attention to the people problem. We believe that the most natural place in society to pursue the "people approach" to the drug problem is in the family. Therefore . . .

...FAMILIES ARE AT THE HEART OF THIS PROGRAM!

We believe that families are society's most promising resource for helping people feel good about themselves and about life without depending on drugs.

Therefore, this program has been designed for small discussion groups of parents who will meet for a series of six sessions. They will also be asked to involve their children in activities between meetings.

Some participants will probably feel that information about drugs is important—

their history,
laws regulating their use,
information about problems they create, and
how their use affects people.

Information of this kind is indeed interesting and is provided. However, it has been placed in a special section at the back of the book.

> This has been done because this kind of information, as interesting as it is, is not at the center of our attention. The focus of attention instead will be on helping people in families improve the quality of their relationships, and thus also make life more satisfying.

THE BENEFITS OF THE PEOPLE APPROACH

The people approach to the drug problem can have some positive benefits to participants in this program.

One is that it can help us be more understanding and sensitive to people's needs, including people with drug problems.

> Changing our focus from laws to people may help us make available to each other some human warmth and understanding when it is needed—which may make chemical dependence unnecessary.

A second benefit is that it may help us be more honest about ourselves.

> The legal approach to the drug problem tends to blind us to some of our own inconsistencies. For example, most of us would not think of questioning our own personal use of drugs as long as the law which occupies our attention points out nothing illegal in our conduct. The possibility of considering ourselves abusers would be even more remote.
>
> Changing our focus to the people problem means that we may have to include ourselves as part of the problem and as part of the solution. For now we must be concerned not just with the *illegal drug use* of others but with all kinds of *drug use* including our own.
>
> The fact is that most of us are at least moderate, legal *drug users* of a number of almost universally available chemical substances about which the law says nothing—and some of us are *abusers* in the sense that our behaviour has crossed that indefinite line beyond which harmless conduct becomes harmful.
>
> Such honest reflection might uncover other self-contradictions as well. Some of us are guilty of such inconsistencies as:
>
> . . . ignoring some laws while recommending that others be enforced with savage rigidity; and
> . . . encouraging legal action against the still uncertain threat of marijuana while doing nothing about our legal but destructive abuse of alcohol which is a national problem.

A third benefit is that it may lead to improved communication between people, especially between parents and children.

Surely some of the reasons for broken communication between adults and youth are the contradictory double standards which young people tend to identify as "adult" attitudes. It is just possible that young people see adults as having sacrificed the right to give advice about drugs.

Perhaps some refreshing honesty will help us regain both the right to be heard on the drug problem and the ability to share in handling "people problems" within the family circle.

PART III: Definitions of Terms

Good communication depends partly on careful use of words. Careless, emotional, or sensational use of words disturbs communication. Thus it is important to formulate clearcut definitions of some terms which have been and will be used in this book and which you may use in subsequent discussion.

DRUG—Several definitions are commonly used. The most useful one for our purposes is:

> ***any chemical substance which affects a person in such a way as to bring about physiological, emotional, or behavioral change.***
>
> When these changes act particularly on the mind, *they may result in alterations of mood, perception, or consciousness.*
>
> The word "drug," when clearly defined, can be a very useful tool in discussing the people approach to the drug problem. It can however, have the disadvantage that many people are emotionally conditioned to apply it to only a few specific, dangerous, habit-forming narcotics which are so frightening that we want government to control them, whereas the word should include many other substances as well.
>
> To minimize this disadvantage we will sometimes substitute the terms "chemical" or "chemical substance", although these also have a disadvantage. The word "chemical" can of course refer to any of the elements or compounds that make up all the material in our universe. However, because all three terms—drug, chemical, and chemical substance—are useful when understood in a specialized way, we will use all of them in this book. They can be thought of as interchangeable.

DRUG EXPERIMENTATION—*The tentative, limited use of a chemical substance for the purpose of testing its effect on the individual.*

DRUG ABUSE—*The habitual use of a chemical substance which so impairs an individual's ability to function that it results in physical, emotional, or psychological damage.*

ILLEGAL DRUG USE—*Any drug-using behaviour which violates the law and faces the risk of legal consequences.*

It is important to distinguish between these last two definitions. Drug abuse is any drug use which is harmful in some way. Illegal drug use makes no judgment as to whether or not drug use is harmful. We know, of course, that some illegal conduct is obviously both personally and socially harmful, while some other may be relatively harmless.

On the other hand, some perfectly legal conduct may be quite harmful and therefore should be thought of as drug abuse. The habitual use of alcohol by an adult alcoholic is an example.

DRUG EFFECT—*A very personal, individualized, subjective, and to some degree unpredictable experience in which a person interacts with a chemical substance and with the surroundings.*

Drug effect is neither as inevitable nor as predictable as many people suppose. It will vary with almost every person and every drug-using situation.

Drug effect results from a complex mixture of factors, only one of which is the chemical properties of the substance used. The most unpredictable factor is the person using the drug. Personality structure, character traits, age, body size, metabolism, attitudes, mood, and expectations all have some bearing on the overall effect.

Other factors include the social and cultural setting, dosage, the method (whether orally, intravenously, or by inhalation), the chemical purity of the substance, and the reason for which the drug is used.

Pharmacology—which is the scientific study of how drugs interact with the human body—cannot therefore accurately predict drug effect simply on the basis of how the chemical properties of a particular substance affect the body.

Because there are so many variable factors, a particular drug should not be thought of as inevitably vicious, nor should other drugs be thought of as always completely harmless.

The nature of drug effect is graphically illustrated by the wide varieties of behaviour at a typical American cocktail party. A similar variety of effects is true of all other mind-altering chemical substances.

For those who are interested, a more detailed discussion of the interaction of chemical substances with the human body is contained in a section on pharmacology in the back of the book.

For definitions of additional drug-related terms, a glossary is also included in the back of the book.

FOR REFLECTION AND DISCUSSION

1. What is your reaction to the "people approach" to drug abuse prevention?

2. Share with the group your reactions to this first session. New information? New attitudes? New expectations?

FINDING OUT FOR YOURSELF
(Planning ahead for the next session.)

A. Reading Assignment for Session 2
   1. Complete the Reality Appraisal.
   2. Study the Reading.
   3. Read "A Brief History of Drugs and Drug Use" as found in the Appendix.

B. Task Assignment

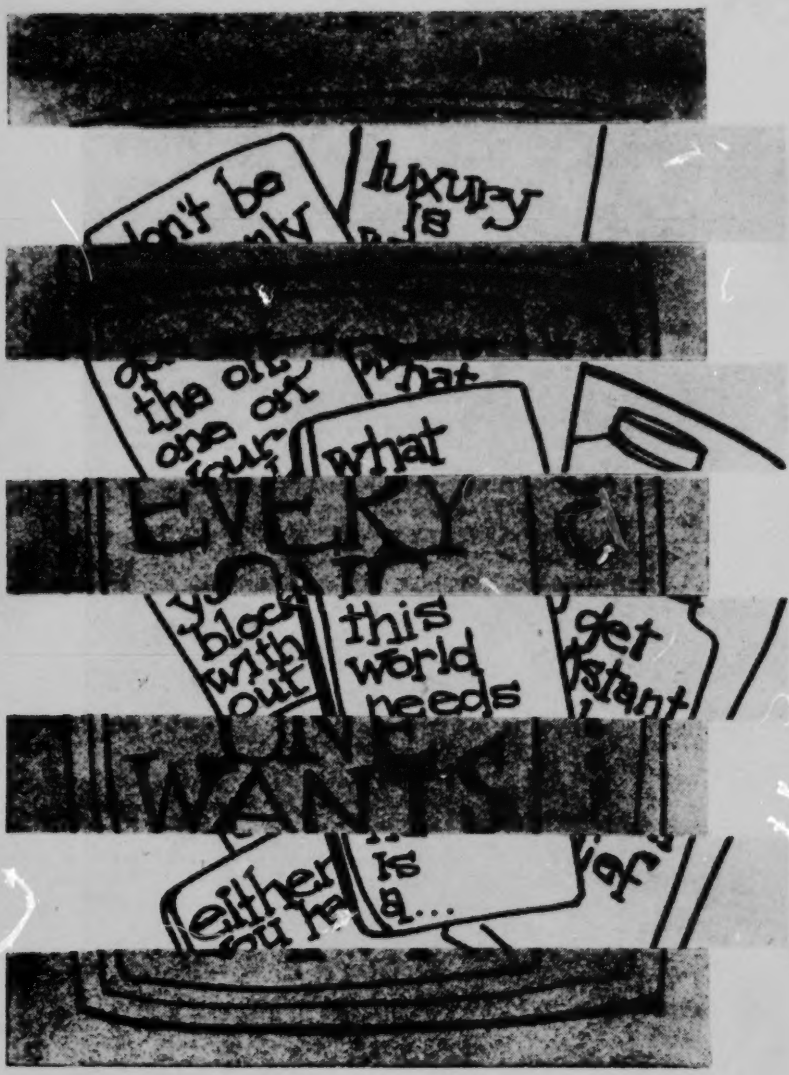
   Get the whole family involved in keeping a record for one week of all the mass media advertising of chemical substances that comes in to your home through TV, radio, magazines, newspapers, mail circulars, or any other form of mass exposure advertising. Come prepared to report to the group: (1) number of ads you observed, (2) name of product, (3) type of product (beverage, medicine, food product, tobacco product, etc.), (4) supposed purpose of the product, (5) drug contained in the product, (6) the medium which carried the advertisement, and (7) the "pitch" or "selling point" of the ad.

C. Optional Readings in the Appendix

   1. "A Brief Pharmacology of Selected Drugs"
   2. "A Glossary of Medical/Scientific Terms"

RECORD OF MASS MEDIA ADVERTISING OF CHEMICAL SUBSTANCES

(1)	(2)	(3)	(4)	(5)	(6)	(7)
#	Name of Product	Type of Product	Purpose of Product	Drug in Product	Medium of Ad	Pitch or Selling Point of Ad


luxury
is
what
what
EVERY
this
world
needs
WANTS
is
a...

2 A FAMILY LOOKS AT SOCIETY

GOAL

To help families relate to a drug-oriented society which has divided feelings about drugs and to help families understand their role in the prevention of chemical dependence in that kind of society.

A SUGGESTED OUTLINE

REPORT ON MASS MEDIA ADVERTISING

REFLECTION AND DISCUSSION ON MASS MEDIA ADVERTISING, REALITY APPRAISAL, AND READING ASSIGNMENT

ROLE PLAY AND DISCUSSION

READING AND DISCUSSION ON CONDUCTING A FAMILY MEETING

FINDING OUT FOR YOURSELF

REALITY APPRAISAL

Read each sentence and decide whether you agree or disagree and *how much*. Then put a circle around the answer that best tells how you feel about the sentence.

1. Drug problems in the United States would be solved if the government passed rigid laws and the police enforced them.

   Agree very much Agree a little Disagree a little Disagree very much

2. The world would be a better place if vaccines, antibiotics and tranquilizers had never been developed.

   Agree very much Agree a little Disagree a little Disagree very much

3. Consumption of drugs in a person's adulthood is directly related to the use of drugs by his or her family in early childhood.

   Agree very much Agree a little Disagree a little Disagree very much

4. The medical profession has shared in creating "the pill culture" which has significantly added to current problems with drug abuse.

   Agree very much Agree a little Disagree a little Disagree very much

5. The *most* important ingredient in healthy family living is developing relationships that build high self esteem.

   Agree very much Agree a little Disagree a little Disagree very much

READING

PART I: Our Drug-Using Society

ACKNOWLEDGED AS PART OF THE DRUG PROBLEM

Human fascination with drugs, when viewed in the perspective of history, is not as recent a development as we might think. A brief survey of the history of drugs in the back of the book makes it clear that the drug problem is not new. Almost every culture in every period of history has known about and has used some kinds of mind-altering drugs for various reasons—including pleasure—and has attempted to regulate their use. The fact that wars have been fought over drugs is evidence that some cultures have viewed drug use as significantly important. Thus, today's flourishing illegal drug traffic is in one sense only a prolonged aggravation of a chronic historic problem.

> What is new in today's world is the degree to which we have become a law-abiding drug-oriented society. Modern America betrays its casual attitude toward drugs by spending $31 billion annually for substances containing drugs for human consumption—legally—alcohol, tobacco, coffee, tea, cola drinks, cocoa, chocolate, and over-the-counter medicines. One research study claims that 30 such substances can be found in the average American home. These facts make it obvious that almost all Americans are drug users who take their legal drug-using behaviour for granted, and would probably defend it.

This must be seen as part of the contemporary drug problem. We must do more than ask why people are using drugs illegally at an unprecedented rate. We must also ask why our whole society depends on legal chemical substances as never before.

HOW WE BECAME A DRUG-ORIENTED SOCIETY

This aspect of the drug problem has crept upon us almost unaware. Society seems to have undergone a subtle but significant attitude change in response to a cultural revolution. Thus, while continuing to resist the menace of a handful of traditionally illegal narcotics, we have accepted without a struggle the everyday use of a multitude of new legal chemical substances.

The Chemical/Medical Revolution. One aspect of the cultural revolution has been a chemical/medical revolution, which many of today's adults can remember and through which we are still passing. It is possible to trace the progress of this revolution and along with it to observe a gradual change in our attitude toward drugs.

Some of the factors contributing to this change in attitude toward drugs are:

> The development of vaccines, which virtually eliminated some familiar contagious diseases. Though vaccines are not drugs in the technical sense, and though they made chemical treatment of some diseases unnecessary, they did set the stage for the next step in attitude change.

The development of antibiotics—"miracle" drugs—which resulted in what seemed almost like miraculous chemical cures of dangerous infections. As antibiotics became increasingly commonplace—and hence less miraculous—they popularized the chemical treatment of infections, the sore throat and the common cold as well as the more serious ones. And we accepted the availability of drugs to save us from discomfort as well as to save lives.

The development of tranquilizers, which were used not only for treatment of the mentally ill but for helping "normal" people feel more comfortable when functioning under pressure.

The development of contraceptives which made powerful chemicals available to healthy people simply to make life more convenient.

The growth in scientific knowledge has been accompanied by an explosion in the number of new chemicals available for human consumption, both those prescribed by doctors and those purchased freely over the counter. Seventy percent of the drugs prescribed by doctors today were unknown 30 years ago. Eighty percent of those 30 drugs found in the average home can be purchased without a doctor's prescription.

These substances for the most part have the appearance of friends rather than enemies, and we have come to take them and their use for granted.

The Mass Communications Revolution. Another aspect of the cultural revolution is the phenomenal growth in mass media communications. Some people feel that the subtle but unrelenting pressure of mass media advertising also helps account for society's change of attitude toward drugs. The message implies that chemicals—if not actually creators of the good life—at least exercise a significant measure of control over the quality of life.

Thus, chemicals are associated with such attractions as the wholesomeness of youth, the excitement of sexuality, and the pleasures of sociability. They are credited with relieving such discomforts as anxiety, tension, embarrassment, depression, nervousness, anger, social rejection, and meaninglessness.

Gradually and subtly, the repetition of this message by the media may have confirmed in some of us the belief that at least some drugs are friends to be welcomed—that somewhere, in a package or bottle, there is chemical help for a better life or a chemical solution for every problem.

If this subtle pressure has in some cases transformed our adult attitudes, it is probably felt with even greater force by our children.

HOW DRUG PREVENTION MIGHT LOOK IN A DRUG-USING SOCIETY

If indeed we have become a drug-oriented society it is quite likely that we shall continue to be one, at least in some sense. Actually, we are a society that has divided feelings about drugs. On one hand we are fearful of illegal drugs and insist on exercising control over them. On the other hand we are defensive of our legal drugs and insist on freedom to use them. The question we must ask is, how can we effectively prevent chemical dependence in this kind of society?

Having already acknowledged the fear which has been unsuccessful in suppressing our dangerous illegal drugs, we might be forewarned not to be hooked by a new fear that we shall become a nation dependent on our friendly legal ones. A natural reaction to such a new fear might be an all-out campaign for total abstinence. Such an approach to prevention of chemical dependence would be unrealistic.

Certainly it is important that the helpful new drugs which we already take for granted not be allowed to create a new kind of drug dependence. But fear is not likely to accomplish this. *We do not need a new fear, but a new maturity.* We need the ability to live in a drug-oriented society with the freedom to use drugs wisely when they can be helpful and a corresponding freedom to resist becoming dependent upon them.

Thus, responsible use of chemical substances is a much more realistic goal than total abstinence.

Responsible use of chemicals seems most likely to occur when life has meaning. When life does not have meaning, chemicals are often resorted to in an artificial search for the missing ingredient. When chemicals are used as a substitute for meaningful existence, their use can become an irresponsible dependency.

Certainly the search for meaning in life is a valid and worthy goal. It is in fact the professed goal of at least some drug users. The truth is that all of us are engaged in the search for meaning. *Prevention of drug dependence will become a reality, however, only when people discover that meaning in life is available in ways other than depending on chemicals.*

It is our belief that life is most meaningful when people have worthwhile personal relationships, and that the family provides the best opportunity to experience this meaingful existence without depending on chemicals. This program is an attempt to act on that belief.

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PART II: The Family in Our Drug-Using Society

Having committed ourselves to the family as the most promising resource for prevention of drug dependence, it is appropriate to consider how the family might function in fulfillment of that role in our drug-oriented society. A brief look at history and at the present status of the family in society may help us to visualize this.

A LOOK AT FAMILY HISTORY

Families have taken many different forms during human history. Opinions differ as to whether or not there is a "proper" or "best" form. These opinions often vary according to theories of family origin suggested by scholars.

> The most traditional theory cites the Bible as its authority and asserts that the original family consisted of a monogamous parent couple and their children.

> The evolutionary theory, which so profoundly affected all scholarship including history and sociology, suggests that the primitive family consisted of men and women living together. From this ancient beginning the family is presumed to have gone through several developmental stages, including one man living with several women and one woman with several men, culminating in monogamous marriage.

> Recent scholarship feels there is evidence that a great variety of family forms have existed in every society throughout history. They included polyandry (a single mother caring for all her children from several husbands), polygamy (several mothers each caring for their own children by the same father), the kibbutz (several monogamous couples living communally and the community caring for all of the children), the "nuclear family" (a monogamous husband and wife and their children), and the "extended family" (the nuclear family plus an indefinite number of relatives such as aunts, uncles, nieces, nephews, cousins, grandparents, and "in-laws").

Most of us tend to think of the nuclear family as "normal," probably because our society gives it that status and because it is most familiar. Most of us are also at least somewhat familiar with the extended family because of contact with family relatives on special occasions.

Whatever form family life has taken throughout history, there has always been recognition of the importance of person-to-person relationships, especially between husbands and wives and between parents and children.

A LOOK AT THE CONTEMPORARY FAMILY

One of the questions being asked by scholars today is whether or not the nuclear family is really necessary and if it will in fact survive. Unmistakable changes in society observed by scholars—and also apparent to most of us in varying degrees—help explain why such an alarming question is even being considered.

During the time when our developing society was predominantly rural, the extended family provided almost all of a person's social and personal needs—food, clothing, shelter, education, employment, health care, and entertainment. The industrial revolution changed all that. In today's chiefly urban society most of these needs are provided partially or completely outside the home and outside the extended family. Children grow up, leave home, start their own families, adopt careers, and then use their energy and skill to earn money with which they purchase family needs from experts whom they do not know.

The result has been a dramatic decline in the influence and the "usefulness" of the extended family. Today for many people the extended family's only function is a social one, at weddings, funerals, and holiday celebrations.

We are left with the nuclear family which some scholars suggest will soon follow the extended family into decay. As technology takes over more and more family functions and as family members become less and less dependent on each other, the clear inference is that perhaps we can soon get along without traditional families and carry on life just as effectively with some other "arrangement."

A RENEWED ROLE FOR THE FAMILY

Despite the unsettling suggestions of some scholars, there are many who still believe that the family holds a key place in society and always will. Besides the historical evidence that families have always existed in a variety of forms, contemporary families are still fulfilling some critical functions. Procreation and the early care of children are two primary examples.

But in addition to this it is becoming increasingly evident that we who live in the late 20th century need the help of strong emotional support and warm human relationships if we are to live satisfying lives in our rapidly changing world. Those who still champion the family believe that these are the needs which the family is—or ought to be—uniquely equipped to provide. This may well be the crucial role of our families during the closing decades of the 20th century.

As we look to families with hope that they can fulfill this function, it may be helpful to acknowledge that there seems to be no exclusive way of being a family in the "proper" sense today, just as may have been true during history.

While the nuclear family of mother/father/children is most familiar to us, there are obviously many other forms. There are single parent families; various kinds of combined families made up of remarried parents and their children; many kinds of substitute parents such as aunts and uncles, grandparents and foster parents; many combinations of extended families; and countless new experiments in communal group living.

Rather than think of "family" as a particular group made up of parents and children, it is possible to think of it instead as a particular style and quality of *group process*. Thus, *family can be defined as the process*

that happens when people are drawn together by common needs and interests and become warmly, intimately, and personally interrelated by responding to each other's needs.

This family process might occur in a home where two parents and their children live together. It might also happen in any other group drawn together by mutual needs and interests. It is the intent of this program to help the process happen in any group which is seeking to function as a "family."

This family process should be carried on in an atmosphere of honesty, mutual respect, sensitive listening, and caring love. The family should provide a safe place to release frustration, to ventilate hostility, and to express deep feelings. Open communication should help to make the family a center for personal problem solving and a perpetual fortress of emotional security.

THE ROLE OF THE FAMILY IN PREVENTION OF DRUG DEPENDENCE

The family has a potential for facing problems unparalleled by any other social institution. Successfully functioning families of whatever form have succeeded in coping with problems of disturbing depth, including drug problems. Prevention of drug dependence, as distinct from treatment of those already dependent, may be a task which the family is—or can be—admirably equipped to undertake.

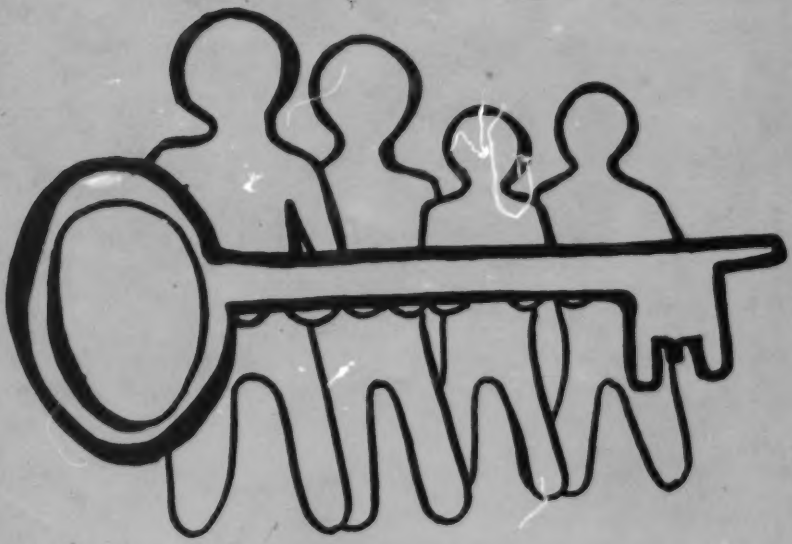
Parental modeling may well be the educational tool which can make prevention of drug dependence possible through the family. Parents know from experience—and accept as true—that parental example has a powerful impact on children.

Thus, we can expect that our attitudes toward drugs will be transmitted to and perpetuated in our children. These attitudes must not confuse their ability to distinquish between the friendly and the unfriendly drugs, nor reduce their resistance to the dangerous ones. Our examples can either help our children learn wholesome attitudes and responsible drug use or unwholesome attitudes and dependent use.

We can also expect that our attitudes toward people will be transmitted to and perpetuated in our children. If parents have a deeply caring attitude toward people, the children too will grow up caring about people. Thus, if chemical dependence can be prevented by people learning to work out their emotional needs in relationship with each other rather than by resorting to drugs, this kind of help may be no farther away that the person-to-person caring relationships in the family. It is the purpose of this program to help parents experience these relationships and to transmit them to their children.

FOR REFLECTION AND DISCUSSION

1. What have you learned about yourself from the Reality Appraisal?
2. How does this history of drugs effect your feelings about today's drug-using society?
3. Do you see yourself as a struggling victim of our drug-using society or as part of the cause? Why?
4. What is your reaction to the so-called decay of family life in our modern world?
5. In what way do you see your family as an important part of society?
6. Can you see your family as an important part of an effort to prevent chemical dependence? Why or why not?



CONDUCTING A FAMILY MEETING

Beginning with this session, you will be asked to conduct family meetings in your home. Family meetings can be fun—and certainly worthwhile. Some of your families may now be having them regularly, some occasionally, while others may never have tried.

Since part of the preparation for next meeting includes such a meeting some suggestions are included here for those who may be uncertain how to go about it.

Purpose. The purpose of a family meeting is to provide a special occasion for communication between family members. This communication between family members might include discussion of ideas, sharing of feelings, careful listening, expressing care for one another, laying plans, making decisions, simply getting to know each other better, or any one of many other ways in which meaningful family conversation might take place.

More specifically, family meetings may be used to plan an outing, to make a decision about a special purchase, making family rules, discussing personal problems, sharing a personal burden, healing some personal hurt, or hundreds of other possible reasons. In the case of this program, you have been asked to discuss specific things.

It may also be important to mention some things it is not. While it may be a time when the family discusses behaviour, it is not a time when parents "tell" children how to behave. Though it may be a time for discussing and making rules, it is not a time for parents to exercise arbitrary authority. Though it may be a "jury trial" to determine discipline or even a "court of appeals" to discuss discipline, it is not a time to administer discipline.

Time. Scheduling a meeting can be a real hassle for some families. There can be no hard and fast rules. Meetings should be considered important enough to rate a high priority. Special efforts at compromise and advance planning should make it possible for everyone to agree on a suitable time. A special evening, Sunday afternoon, or following a main mealtime usually work best.

Participants. Except for very small children, it is important that everyone in the family be considered qualified to participate simply by being a person. Anyone able to share in family conversation is old enough to take part. The family itself should decide what that age is. It may vary with persons and families, 5 or 6 years in some cases, 3 or 4 in others.

Leadership. The leader exercises guidance but not authority, by gathering the meeting, announcing the purpose, getting discussion started, seeing that everyone gets a chance to participate, and seeing that ground rules are followed. The leader also participates as one of the group. The leader may be an adult, but this is not necessary. It may be the one who felt the need for the meeting.

Ground Rules.

1. Meetings may be called by anyone who feels a need.
2. Everyone participates by sharing honestly and listening carefully.

3. Contributions and feelings of all participants must be equally respected, regardless of age, wisdom, or position.
4. No put-downs allowed.
5. Decisions or conclusions are made by consensus.

Procedure. Procedure is simple and informal, the setting relaxed. The leader announces the purpose of the meeting and makes any explanations that are necessary. The leader then encourages participation by asking such questions as:

How do you feel about . . . ?
What do you think about . . .?

That should get you started. Now you are on your own.

Good luck.

FINDING OUT FOR YOURSELF

A. Reading Assignment for Session 3

1. Complete the Reality Appraisal.
2. Study the Reading.

B. Task Assignments (each family represented do both assignments)

1. Make a cooperative family venture out of keeping accurate record of your family's total consumption of chemical substances between this meeting and the next. Be sure to include beer, liquor, coffee, tea, cocoa, cola drinks (and some other soft drinks), cigarettes, aspirin, sleeping pills, tranquillizers, prescription medicine, cough medicine, pep pills, diet pills, chocolate—almost anything other than necessary food that goes into someone's mouth. Come to the next meeting prepared to report to the group: (1) identity of the substance, (2) number of times used, (3) reason for use, (4) nature of the occasion, (5) amount used, (6) person using it. Use the included form to make the list as complete as possible.

2. Have a family meeting to talk about needs. Reading Chapter 3 ahead of time will help you to understand what is meant by "needs" and what some of the needs of persons in your family are.

   Here is a suggested way to stir up some enthusiasm for this first family meeting and at the same time have some fun getting everyone to do some advance thinking about needs. Create a "Family Me Paper." On a lengthy sheet of wrapping paper, (as big as space permits) draw large heads or person-shapes representing each person in the family. Tape it to the wall in a frequently used traffic area. Provide crayons in a box nearby. At random anytime during the week, any person who becomes aware of a personal need or detects a need in someone else, should jot down or draw or paste on the

paper in the appropriate person's shape, a word or phrase or picture describing that person's need. Have fun watching the "graffiti" appear on the wall for several days until time for the family meeting.

Use the "Family Me Paper" to stimulate discussion during the meeting and as a basis for drawing up lists of needs for each member of the family. Make the lists as complete as possible for both adults and children. Families with small children can concentrate on the peculiar needs of pre-adolescents, and those with teenagers can concentrate on adolescent needs. You might want to include needs which certain family members are meeting by using chemical substances.

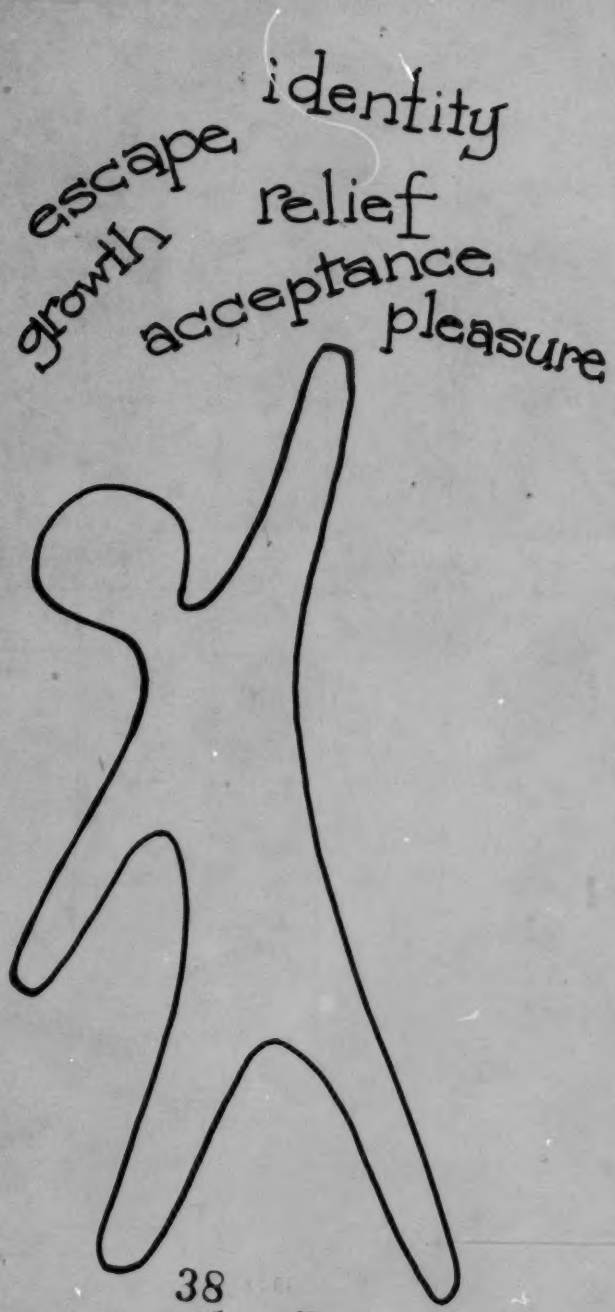
It may also help to stimulate and clarify thinking if needs are categorized according to physical, social, intellectual, emotional, and spiritual.

After listing personal needs, make a list of family needs which are felt by everyone as a group.

Come to the next session prepared to share what you have learned.

RECORD OF FAMILY CONSUMPTION OF CHEMICAL SUBSTANCES

1. Name of Substance	2. #	3. Reason for Use	4. Nature of Occasion	5. Amount Used	6. Person Using It



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3 A FAMILY LOOKS AT ITS NEEDS

GOAL

To help families understand how needs influence behaviour, to help families identify the needs of their members, and to help families respond to those needs in helpful ways.

A SUGGESTED OUTLINE

REPORT AND REFLECTION ON FAMILY CONSUMPTION OF CHEMICAL SUBSTANCES.

REFLECTION AND DISCUSSION ON REALITY APPRAISAL, READING ASSIGNMENT, AND FAMILY MEETING.

ROLE PLAY AND DISCUSSION

FINDING OUT FOR YOURSELF

REALITY APPRAISAL

Read each sentence and decide whether you agree or disagree and *how much*. Then put a circle around the answer that best tells how you feel about the sentence.

1. Teenagers have more of their needs met by their families than by other teens.

   Agree very much Agree a little Disagree a little Disagree very much

2. People go to the medicine cabinet or liquor cupboard rather than deal with their own uncomfortable feelings or with their feelings about personal relationships.

   Agree very much Agree a little Disagree a little Disagree very much

3. Family relationships determine one's use of aspirin, alcohol and other drugs.

   Agree very much Agree a little Disagree a little Disagree very much

4. Learning to identify and cope with one's needs will eliminate dependency on drugs.

   Agree very much Agree a little Disagree a little Disagree very much

5. Families who are preoccupied with material possessions develop emotionally starved family members.

   Agree very much Agree a little Disagree a little Disagree very much

READING

THE MYSTERY OF BEHAVIOUR

Getting to know a person is an exciting adventure. It has in it the mystery of the unknown, the challenge of exploration, and the exhilaration of discovery. It usually begins with noticing a person's appearance, followed by observing his or her behaviour. From that point on the mystery deepens.

Most of us do not easily reveal the reasons *why* we behave as we do. It is the exploration of the forces behind behaviour that makes getting to know people such an exciting and challenging adventure.

> Hidden deep inside all of us are a multitude of mysterious forces . . .
>
> . . . competing, cooperating . . .
> . . . pushing, pulling . . .
> . . . testing, approving . . .
> . . . luring, resisting . . .
> . . . helping, hindering . . .
> . . . facilitating, preventing . . .
>
> influencing us to behave as we do. These motives are just waiting to be discovered, or perhaps hiding to prevent being discovered. People who watch us usually do not know why we are behaving in a certain way. Sometimes we do not even know ourselves.

Thus it is not at all surprising that we human beings often appear to be such mysteries to each other. But that is exactly why getting to know a person is such an exciting adventure, especially when people want to know each other and want to be known.

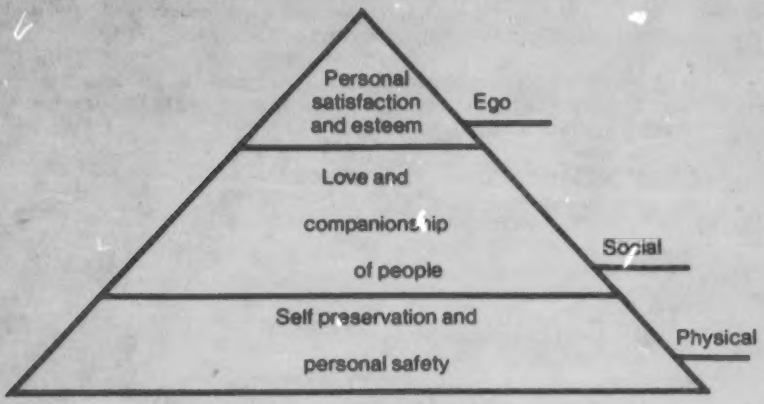
Part of the mysterious assortment of "things" inside us that influence our behaviour is *needs*. Not all needs are mysterious, but some of them are. A closer look at them will help us understand how they effect our behaviour.

UNDERSTANDING HOW NEEDS INFLUENCE BEHAVIOUR

A familiar explanation of how needs influence behaviour is the "hierarchy of needs" theory first suggested by the psychologist, Abraham Maslow, in 1943. He arranged what he considered the basic needs that energize human behaviour into an ascending list like a ladder or pyramid.

> At the bottom of the list were needs for self-preservation and personal safety. These included the raw physical needs—food, clothing, shelter, sleep, exercise, cleanliness, protection—which must be met just to maintain existence, and which are least mysterious because all of us feel them and understand them almost instinctively.
>
> Above these were social needs for love and companionship of people, needs which become important only after the physical needs have been met. Some of these needs are obvious also, while some of them are quite subtle and mysterious.

Highest on the list were ego needs for such things as personal satisfaction and personal esteem, which enable people to feel good about themselves. These needs are the most subtle and mysterious of all because they are related to feelings deep inside us.



Maslow's Heirarchy of Needs

Maslow's explanation points out how the lowest unsatisfied needs on the list are likely to influence behaviour until they are met, after which, needs higher on the list begin to be felt and to influence behaviour.

> Thus, starving people are not very interested in companionship but are very concerned about food. If the food is supplied and further danger of starvation is removed, then the need for personal relationships as well as a need for personal satisfaction may become important motivators.

Maslow's theory is a convenient, helpful way of understanding how needs influence behaviour. However, we must not conclude from its apparent simplicity that all human behaviour is therefore easily explained. The fact remains that human behaviour is still a mystery or at least partly so, and the causes of it are very complex.

> Needs themselves have an element of mystery. No two persons experience them in exactly the same way or even in exactly the same order in the list. Several needs may be felt simultaneously from different levels in the list. Needs change from time to time. Some needs recur periodically so their influence alternately disappears and reappears. Some needs seem virtually impossible to satisfy, hence are always exerting some influence.

Thus, Maslow's theory does not unlock all the mysteries of human behaviour, but it does help clarify how our American way of life—and perhaps even world conditions—probably influence some people to use drugs.

Most Americans—about 80% of those who live in families where one or both parents are employed—have their lower level needs adequately cared for. This means that the behaviour of most Americans—though of course not all--is influenced by some of the higher level needs on the list, needs associated with love and companionship, and needs associated with personal self-esteem.

In spite of that fact, however, it is characteristic of American society—especially its technology—that we continue to concentrate most of our time, energy, and skill on meeting our lower level material needs, long after they have been adequately met. At the same time, emotional neglect of one another has become widespread, sometimes even between husbands and wives, and between parents and children. The result is that middle class Americans are able to meet their physical needs with superabundance while many of these same people feel emotionally starved at the upper levels of need.

Sometimes world conditions aggravate the situation. News reports of political unrest, social upheaval, and economic instability, complicate our emotional starvation with feelings of disorder, confusion, and uncertainty. Thus we are surrounded by an environment that seems fundamentally out of step with meeting our needs.

Surely at least some drug-using behavior can be explained as a response to some of these neglected upper level needs. These are the needs which people in families should be helping each other to meet in wholesome ways.

USE OF CHEMICALS IN RESPONSE TO NEEDS

Because this is a program for prevention of drug dependence, we are not immediately concerned with those whose habitual drug use has reached the level of physical dependence. They are in need of *treatment* which is beyond the scope of this program.

> We are concerned, however, about those whose neglected emotional needs pull them toward chemical dependence. They are the ones whom we must help respond to their own needs in other ways.

Let's look at some of their needs. The list will not be exhaustive or conclusive, but only suggestive in the hope that just the act of identifying and describing them will help families find ways to fulfill some of them without using drugs, and thus help to prevent chemical dependence.

Need for Adventure. Human beings resist boredom. Everyone feels a need for variety, excitement, change, and challenge. It is incredible that some people are bored in today's exciting world in which new opportunities are being created almost daily. But the fact is that many people are.

> One attempt to explain the paradox of multitudes of bored people in a world with multitudes of exciting opportunities, suggests that we are actually so flooded with exciting stimuli—sensory, emotional, and intellectual—that we simply deny attention to some of them to protect ourselves from being overwhelmed.

In addition, we also lower the intensity of our responses to those stimuli which do penetrate our awareness.

Thus, by numbing ourselves psychologically, we have suppressed enthusiasm, initiative, creativity, and our capacity for excitement. We have become bored.

But the basic need for adventure is still there. Some people choose chemicals as an artificial way to restore the capacity for excitement, even though we are surrounded by almost infinite possibilities other than drugs.

Need for Relief from Anxiety. Our modern world has a variety of ways of making people feel uncomfortable. All of us at times experience feelings from which we would like relief. Some of these feelings are easily identified. Others are vague but nevertheless real. Anxiety seems to be an appropriate word to describe any or all of these uneasy feelings. When they become intense enough to disturb normal living, we usually refer to them as emotional problems.

There can be no question of the ability of some chemicals to provide temporary relief from uncomfortable feelings before they reach the problem level. For several years doctors have been prescribing them to otherwise healthy people for just that reason.

However, chemicals do not solve problems, they merely relieve or change feelings. Nevertheless, some people undoubtedly use chemicals as a way of replacing uncomfortable feelings with the temporary freedom to feel good.

Need for Meaning. Every person from adolescence onward seeks for satisfactory answers to such basic questions as, "Who am I?" "Why am I here?", and "What is the meaning of life?". These are difficult questions. Finding answers is made more difficult by the many impersonal ways in which our way of life tends to ignore people, or to treat them like numbers, animals, or machines.

In such an impersonal world, some people find mind-altering drugs a useful part of their search for meaning. Chemicals easily and promptly turn a person toward an inner world where "I" is a significant person and where the present moment is all that matters.

Need for Growth. The need for growth and for adapting to change is so basic that inability to experience it can be thought of as dying. People never outgrow this need. Adults need it as much as children.

Teenage years are especially tumultuous in terms of change and the need to experiment with ways of adapting. Adults are often disturbed because they interpret youthful response to this need as rebellion. Yet the alarming word "rebellion" may be nothing more than a description of that which is normal.

Unfortunately, use of drugs—often illegally—seems to be a part of the rebellion of which adults accuse young people.

> Young people in turn seek to justify their behaviour by accusing the "over-30 generation" of being materialistic, overly impressed with technology, hollow, phony, narrow, hypocritical, unaware of their own dependencies and as having lost sight of such positive values as nature, beauty, silence, wonder, and people.

Some adults are able to get the message that young people are not rejecting all of the adult world, but only those parts where youthful insight sees a need for authentic new adult growth. In their rebellion—or their need to grow in ways different from their parents—some young people have turned to chemicals as a convenient way of experimenting with inner experiences completely different than the materialism of the adult world.

> Though adults are disturbed by this, to the young people it is nevertheless an exciting kind of growth experience and immensely satisfying, at least momentarily. And that is as far ahead as many of them care to look. Their need to grow toward self-fulfillment has the feel of being satisfied in a moment, even if temporarily.

In younger children the need to grow shows itself by their anticipation of growing up, and by their coveting the rights and privileges of older brothers and sisters and adults.

> To children who look forward to their initiation into the adult world, it must become obvious long before adolescence, that the use of chemicals, especially alcohol and tobacco, is intimately associated with adult social life.
>
> Added to this is the seldom considered fact that our drug laws—by making freedom to legally smoke and drink equivalent to passage from adolescence to adulthood—have subtly defined society's initiation rites into the mysteries of adulthood.

Thus, it should not be surprising if it seems to our children that using chemicals has something to do with growing up and becoming an adult.

Need for Acceptance. Another deep human need is the need for acceptance,—the need to be thought of by others as a worthwhile, significant person.

> One of the subtle ways we often respond to this need is by submitting to what is often described as the pressure to conform. Though this pressure seems to be real, it may actually be more self-induced than it is imposed upon us. If we are honest, it can be seen as our personal response to the deep human need to feel accepted by significant persons or groups who have special meaning for us.
>
> Sometimes this pressure is experienced as a general force exerted by society as a whole on almost everyone, such as the proverbial middle class pressure to "keep up with the Joneses."
>
> Sometimes the pressure seems to come from a segment of society and is felt by a few or by a particular person, such as the "peer

pressure" young people exert on each other to wear similar clothes, speak a similar vocabulary, adopt the latest fad, or experiment with drugs.

The fact that people submit to this pressure is really an evidence of our universal need to be accepted. Thus, conformity is sometimes the price people pay to gain acceptance. Once the pressure is submitted to, the pressure to continued paying the price may increase rather than decrease.

Very often, in groups of both young people and adults, acceptance seems to hinge on the adoption of a life style that includes the use of chemicals.

Need for Pleasure. The human need for pleasure is an additional one which we should not ignore. Every person has a need for and a capacity for having fun.

> An obvious fact about the use of chemical substances, often overlooked by those who are preoccupied with the "drug problem," is that drug taking can be and often is pleasurable. At least momentarily and temporarily they are fun. What virtually all drug users have experienced and tell their friends is that the prompt, predictable, effect of certain chemical substances is a sensation of pleasure which cannot be duplicated by ordinary means.
>
> They also know about all the possible long term bad effects. But they think of these as remote and easily worth the risk to gain the benefits of immediate pleasure.

The general public's traditional preoccupation with the long range destructive effects of habitual drug use, usually ignores or denies the short range rewards which users experience.

> Surely one of the strong influences for use of chemical substances is that many kinds of personal distress can be overwhelmingly replaced with pleasure by taking a chemical into the body. In short, drugs are fun.

Other Needs. There are doubtless many other needs to which people can respond by choosing drugs. These needs can be seen reflected in this summary of the experiences people claim to be seeking when they use drugs:

> to be happy, to be sociable, to calm down, to relax, to feel worthwhile, to be creative, to experience a sense of personal identity, to feel intimately accepted as a person among friends, and to experience a sense of freedom.

We want our people approach to the drug problem to help families provide these experiences without depending on drugs.

Some of the needs which lie behind the search for these experiences are universal and lifelong. Others seem to be especially important at particular stages in life. Families participating in this program are encouraged to

discover by carefully observing themselves, which needs are particularly characteristic of various ages—infants, pre-school children, pre-adolescents, adolescents, young adults, and adults.

who am I ?

THE FAMILY RESPONDS TO NEEDS

This program is based on the belief that families can be helped to learn healthy responses to each other's needs, making it unnecessary to respond by using chemicals. If needs which might otherwise be met by using chemicals can be met through family relationships, we will then be making some progress toward prevention of chemical dependence.

A first step in accomplishing this is to identify the needs. You will make a beginning at this by meeting as a family to discuss individual and family needs. Your efforts to be sincerely interested and keenly sensitive to each other should result in identifying many needs that exist in your family. Hopefully, this will become a developing skill and a continuing practice.

A second step is to communicate needs. Needs, even after being identified, vary from time to time and are experienced as recurring feelings rather than as continuous. Thus, personal needs, if they are to be known by others when they are individually felt, must be communicated to those who care.

Freedom to do this will depend upon the practice of good family communication by talking openly, honestly, and often about things that matter. Communicating families learn about each other's needs promptly, hence are able to respond quickly. Hiding a need seldom fulfills it; sharing it usually helps.

A third step is to communicate appropriate meaningful responses to needs. When someone in a caring family communicates a need, the family searches for a creative response. This response is vitally important. While it is necessary that needs be clearly communicated, it is equally important that caring persons communicate a response of understanding, support, and emotional nourishment. When caring people respond with understanding to another person's need, it helps that person handle the need creatively.

Thus, if a teenager feels a need for acceptance by a peer group, it would not be creative if the family felt threatened with rejection and therefore "punished" the searching teenager by the family's own rejection of the teenager. Much more creative would be the family's continued acceptance and understanding, thus encouraging the teenager to feel there need be no conflict between family acceptance and the search for peer group acceptance.

If a person's need is for meaning and identity, the family's communication should be that every person counts, thus helping the person to experience meaning.

If the need is for excitement or for fun, the family can communicate that this is indeed important enough to join in the search together.

If the need is for relief from uncomfortable feelings, the family can communicate that here is a place where powerful feelings of aggression can be safely expressed and relieved, or where crippling feelings of depression can be surrounded with loving support.

If the need is for companionship and love, the family can communicate that here is a place where warm, good feelings can be shared and celebrated.

If the need is for growth—even the kind that seems rebellious—the family can communicate that it is all right to struggle to become your own person.

Thus, the challenge to families is to demonstrate through daily exercise of the family process that there are better ways to experience need fulfillment—meaning, identity, acceptance, variety, adventure, pleasure, and many others—than by using chemicals.

FOR REFLECTION AND DISCUSSION

1. What did you learn about yourself from the Reality Appraisal?
2. What are some of the needs you identified as a result of your family meeting?
3. How do your material possessions help fulfill needs other than purely physical or material ones?
4. How do your material possessions fail to meet some of your upper level needs?
5. How are your upper level needs being met? Or not being met?
6. What needs are you responding to when you use chemical substances? How do you feel about it?
7. How are some needs in your family being met outside the family? How do you feel about it?
8. How well is your family responding to the needs of its members? What can be done to improve the response?

FINDING OUT FOR YOURSELF

A. Reading Assignment for Session 4

1. Complete the Reality Appraisal.
2. Study the Reading.

B. Task Assignment

Have a family meeting to talk about values. Reading Chapter 4 ahead of time will help you understand what is meant by "values," and what some of your personal and family values are.

Some parents may find it difficult to explain to their children just what values are, and more difficult still to stimulate a family discussion on the subject. Rather than making great effort to explain, try this as a suggested way to get the meeting started. Sit around the kitchen or the dining room table and supply everyone with paper and pencil on which they are to make lists of "Things Which Are Important To Me." Instructions should vary somewhat according to the ages of the children.

Parents and older children can divide their lists into the following categories: (1) possessions, (2) ways of acting, (3) ideas, (4) feelings, (5) relationships, (6) groups.

For younger children who are able to write, the instructions can be simplified by asking them to make three lists of "Some of My Favorite Things,": (1) my favorite things that belong to me, (2) my favorite people, and (3) my favorite things to do.

Children who are old enough to participate but too young to write can be asked to draw pictures of my favorite: (1) things, or (2) people, or (3) things to do.

When this is done, ask each person to pick five things on their papers (or two or three, use your own judgment) and rank them in order of importance to them. Discussion can begin and continue as long as desired by asking each person to tell their most important "things" and explain why they are important.

Creative families might want to try making another "Family Me Paper" on "values" like the one suggested in chapter 2, as preparation for this meeting.

Come prepared to share some of the things you learned about your family's values at the next session.

values, (vál·yüz), (n.pl.), ideals, goals, and norms which guide our behavior and according to which we judge whether our behavior is good or bad, right or wrong, helpful or harmful.

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4 A FAMILY LOOKS AT ITS VALUES

Part I: Understanding Values

GOAL

To help families understand what values are; to identify some of their values, the order of their priority, and their influence on behaviour.

A SUGGESTED OUTLINE

LISTEN TO TAPE: THE VALU-ABLE FAMILY

REFLECTION AND DISCUSSION ON TAPE

REFLECTION AND DISCUSSION ON REALITY APPRAISAL, READING ASSIGNMENT, AND FAMILY MEETING

FINDING OUT FOR YOURSELF

REALITY APPRAISAL

Read each sentence and decide whether you agree or disagree and *how much*. Then put a circle around the answer that best tells how you feel about the sentence.

1. Identifying one's values is very easy for adults, but very difficult for children.

   Agree very much Agree a little Disagree a little Disagree very much

2. Most adults live by the values taught them by their church.

   Agree very much Agree a little Disagree a little Disagree very much

3. If parents and teens communicate honestly and clearly with each other, they discover that they operate by the same values.

   Agree very much Agree a little Disagree a little Disagree very much

4. People who value healthy minds and bodies usually are not users of any drugs.

   Agree very much Agree a little Disagree a little Disagree very much

5. A person's environment can impose values, rather than allow the person to choose freely.

   Agree very much Agree a little Disagree a little Disagree very much

READING
PART I: Understanding Values

MORE ABOUT THE MYSTERY OF BEHAVIOUR

In the previous session we began to explore the intriguing mystery of human behaviour by looking at our needs. Now, to continue that exploration, we look at another mysterious assortment of inner forces that influence behaviour—values.

> Nobody lives without values. Many people, however, live without being aware of them, simply because they have never considered what they are and how profoundly they influence behaviour.

The effort to identify one's values and to determine their influence on behaviour is an evidence of personal growth. For those who find personal growth an exciting adventure, becoming aware of values may be just the beginning.

> Evaluating them, changing and updating some, reinforcing others, sometimes rejecting and discarding old ones, and adopting new ones, may be inevitable steps of additional growth.

> When values change, behaviour is also likely to change. In fact, changing values can alter the entire fabric of a person's life style.

Values, by influencing behaviour, lead to actions which either enhance or under-mine personal development and the development of others. Of course most of us are interested in values that will result in creative growth rather than stagnation or destruction. Parents are especially concerned that their children develop worthwhile, creative values.

In this session we want to help people understand what values are and how they influence behaviour, and we want to help people identify some of the values which belong to them personally.

WHAT ARE VALUES?

A formal definition of "values" is not easily understood, especially by those who have never thought much about them. Simply thinking and talking about "things that are personally important to me" may make it easier to understand a formal definition a little later. So, let's begin by doing that.

Some things that might come quickly to mind are:

family,
house,
car,
good health,
happiness,
church,
job,
education,
sports.

These "things" are obviously of different kinds, which indicates that the word "things" as used here has a very broad meaning.

Thus, if you thought of your family, you may have been thinking of the *relationships* you have with the various persons in your family.

If you thought of your house, you may have been thinking of a special *place* which has a lot of meaning for you and where an important part of your life is carried on.

If you thought of your car, you may have been thinking of it as one of your *possessions* in which you have invested a significant amount of your time, energy and money.

If you thought of good health, you may have been thinking of it as a desirable *condition of life* or a *state of being.*

If you thought of happiness, you may have been thinking chiefly of good *feelings.*

If you thought of your church, you may have been thinking of *groups* of people or of friends or of an important *institution* in the community.

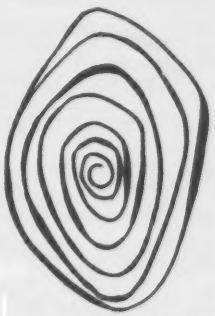
If you thought of your job, you may have been thinking of it as your *major source of income,* or perhaps as a *source of satisfaction.*

If you thought of education, you may have been thinking about all the *ideas* you have learned and which your children are learning in various ways.

If you thought about sports, you may have been thinking about an *activity* which you particularly enjoy or a *way of acting* which means a lot to you, whether it is watching or participating.

If you were to think carefully about "important things" for a while you could probably make quite a long list and divide it into several categories like those mentioned above:

"Important Relationships"
"Important Places"
"Important Possessions"
etc., etc.



You might think of other categories too. It is clear that "important things" can be of many different kinds—anything that a person considers worth his or her time and effort.

What does all this have to do with "values"? Just this. To say that these things are important to you means that you place *value* on them. They have the quality of being important to you. "Value" here is a noun which simply means, *the quality of being important.*

Of course, not all important "things" are equally important. Some have more value than others. This means that "value" is not only a quality, *it is a quantity, or a degree of intensity which can be felt or measured.*

> Perhaps your house is more important to you than your car, and your family is more important than your house. Thus, several important things which have value—the quality of importance—can be ranked in the order of their importance, or according to the intensity with which you feel their importance.

When you identify a thing that is important to you and assign a value to it, or measure that value, you are *valuing.* Here, "valuing" is a verb meaning *to place a certain intensity of importance on something.*

> It is clear that we have thus far been using the words "value" and "valuing" in slightly different but closely related ways, but we have not yet defined "values."

The fact that these various kinds of "things" have importance to us—or value—influences our behaviour, sometimes by conscious decision, and sometimes unconsciously. What this really means is that our conduct is being quietly influenced and directed by guiding principles which we may or may not be aware of—principles which result from the "value" we place on "things."

> These quietly operating guiding principles are our *values.* Here "values" is a noun, used in the same way as it was used in the title of this chapter.

Now we are ready for a formal definition:

> *Values are guiding principles which influence our behaviour and determine whether or not that behaviour seems worthwile to us.*

HOW VALUES INFLUENCE BEHAVIOUR

Values. An illustration may help clarify how values influence behaviour.

> People who consider physical fitness important—that is, value it by placing a high value on it—will act in ways which promote it.
>
> In that sentence "value" appears first as a verb and then as a noun, but in neither case does it indicate the real guiding principle which influences the behaviour of such people.
>
> The real guiding principle—or *value*—may never have been consciously formulated, but it is operating nevertheless. If it were to be stated it might be, "personal discipline of the body."
>
> Its influence will certainly affect the way such people behave with regard to diet, sleep, physical exercise, and use of chemical substances.

Other people, not particularly interested in physical fitness, may nevertheless value good health. Their guiding principle—or value—may be, "caring for the body." This value will also surely influence diet, sleep, exercise, and use of chemical substances, but the behaviour of these people may be quite different than that of the previous ones.

Thus, just having a particular value affects a person's behaviour.

Value Ranking. However, having several values ranked in a particular order of importance also influences behaviour by swaying decisions to act in certain ways.

A value (guiding principle) is another of those "things" on which we can place value—a certain intensity of importance. Some values, are felt more intensely than others, which means that *several guiding principles can be ranked in order of their priority. This is called value ranking.*

This order of priority obviously influences our behaviour just as do the values themselves. When the variously ranked values seem to conflict, those most important usually get priority.

Suppose a busy father who has "caring for the body" as a guiding principle also has "open communication in the family" and "hard work is a virtue" as other values. He ranks these values with the last one first and the first one last, that is:

"work"
"communication"
"body."

This means he believes having a heart-to-heart talk with some member of the family about a personal problem is more important than a game of tennis or getting 8 hours of sleep every night, but less important than his job. Thus, he would probably choose to have the talk even if it meant losing some sleep, but he probably would not come home from work early to discuss a family problem.

Another person with the same values but ranked differently would probably make different decisions.

Of course the order of priority can be changed if it seems important to do so. Thus, if the person with the three values ranked as described above is a hard-driving businessman who values work more than good health, he may change the order of priority after being convinced by his doctor's warnings that a heart attack is a real possibility.

Ranking values can be done casually and informally on the basis of the intensity of importance we feel inside us. Sometimes, however, this can result in an unrealistic and unsatisfactory ranking because feelings easily distort reality and are easily misunderstood.

Value indicators. There is another way to do it, however, a way which may be more realistic and more honest. That is to use value indicators.

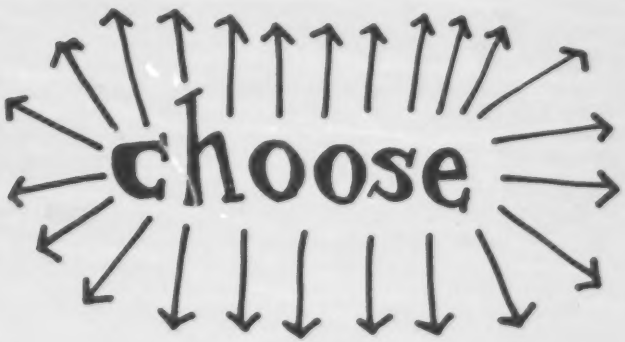
> Our values, as well as the order in which we rank them, determine what we do with the limited time, money, and energy at our disposal. Decisions and actions which grow out of our values result in actual investments of time, money and energy. The amounts of these investments become indicators of what a person's real values are.
>
> ***Value indicators are visible evidence that positively identify real values and measure their degree of importance.***

Thus, value indicators help us identify and rank our values, and also help us distinguish clearly between real values and some professed values which are easily mistaken for real ones but which are not real at all.

> Several things are often confused with real values: ideals toward which a person aspires but has not yet achieved, guilt feelings which a person is trying to escape, partially formed values which are not yet fully developed, professed convictions, habitual attitudes, suppressed desires or interests, wishes, good intentions, or even fantasies of the imagination.

Real values can be identified and ranked by measuring the actual amounts of time, money and energy spent on specific kinds of behaviour. Thus, a person may profess to value family more than church or a hobby. But an actual measurement of time and energy spent on each one may indicate that the alleged first priority is actually third.

> Thus, real values are not necessarily what we say they are, think they are, or even wish they were, but only those things which result in the actual investment of time, money and energy.



CHANGING VALUES AND PERSONAL GROWTH

Because many people live for years without being aware of their values or even that they have them, it can be an exciting experience—though sometimes disturbing—to become aware of them for the first time. Once having done so, the desire for personal growth in many cases may result in conscious continuing efforts to

. . . identify values,
. . . to measure value indicators and to be honest about what they indicate,
. . . to rank or review and reorder the rank of various values,
. . . to reaffirm old values, and
. . . to select new ones . . .

knowing that any change will result in a change in behaviour.

Growing persons consciously and deliberately try to structure their "value systems" to foster their own personal growth and the growth of others. They make conscious decisions to use time, money, and energy in ways which reflect what they want their real values and priorities to be.

A VALUES SURVEY

After reading the preceding background material, perhaps a value survey will stimulate some further thinking about your personal and family values.

Below are two lists of things on which people usually place value. The first list consists of 18 words or phrases describing the kinds of things people often want to get out of life. The second lists 17 personal characteristics or ways of acting which people usually consider worthwhile.

After studying each list carefully, try to arrange one list, then the other in order of importance to you. Place "1" next to the item of most importance to you, "2" next to the second most important, and so on, through 18 in the first list. Then do the second list, 1 through 17.

Your feelings will be your chief guide. Think carefully and feel free to make changes and adjustments until you are sure your ranking truly reflects how you think and feel. This should help you identify some of your personal values and their priority.

____A Comfortable Life (prosperous)
____Equality (brotherhood, equal opportunity for all)
____Exciting Life (stimulating, active)
____Family Security (ability to care for loved ones)
____Freedom (independence, freedom of choice)
____Happiness (contentedness)
____Inner Harmony (freedom from inner conflict)
____Mature Love (sexual and spiritual intimacy)
____National Security (protection from attack)
____Pleasure (an enjoyable, leisurely life)
____Salvation (deliverance from sin, eternal life)
____Self-Respect (self-esteem)
____Sense of Accomplishment (making a lasting contribution)
____Social Recognition (respect, admiration)
____True Friendship (close companionship)
____Widsom (a mature understanding of life)
____A World at Peace (freedom from conflict)
____A World of Beauty (beauty of nature and the arts)

____Ambitious (hard-working, aspiring)
____Broad-minded (open-minded)
____Capable (competent, effective)
____Cheerful (lighthearted, joyful)
____Clean (neat, tidy)
____Courageous (standing up for your beliefs)
____Forgiving (willing to pardon others)
____Helpful (working for the welfare of others)
____Honest (sincere, truthful)
____Imaginative (daring, creative)
____Independent (self-reliant, self-sufficient)
____Intellectual (intelligent, reflective)
____Logical (consistent, rational)
____Loving (affectionate, tender)
____Obedient (dutiful, respectful)
____Polite (courteous, well-mannered)
____Self-Controlled (self-disciplined)

FOR REFLECTION AND DISCUSSION

1. What did you learn about yourself from the Reality Appraisal?
2. What did you learn from the family meeting about the values of your family members? Of your family as a whole?
3. How do you feel about the values of your children as compared with your own?
4. How do differing values or different rankings create tension or conflict within your family? How do you handle it?
5. In what way did you detect a difference, if any, between your alleged values and your real ones?
6. What would you like to do about any new insights on values you have become aware of?

FINDING OUT FOR YOURSELF

A. Reading Assignment for Session 5

1. Complete the Reality Appraisal.
2. Study the Reading.

B. Task Assignment

Hold a family meeting. A good way to begin might be for Mother and Dad to share with the rest of the family some of the things that were talked about at their last group session with other parents. Then turn the discussion to family rules.

Every family has rules, either stated or not stated. Rules protect the rights of individuals by preventing people from infringing on each other, and they create a structure within which persons can grow.

Make a list of rules that are clearly understood by everyone in your family. Include as many aspects of family life as you can think of, such as:

personal habits	use of the car
household chores	nights out and hours
table manners	allowances
watching TV	how money is spent
playing the stereo	showing affection
bedtimes	use of chemical substances.

Since this is a program for the prevention of drug dependence, be sure not to forget that last one. You may think of some others as well. Since family rules can be easily categorized like the list above, certain family members may be

asked—or may wish—to list rules in particular categories. Or the whole family may contribute to one big list in a free-for-all discussion.

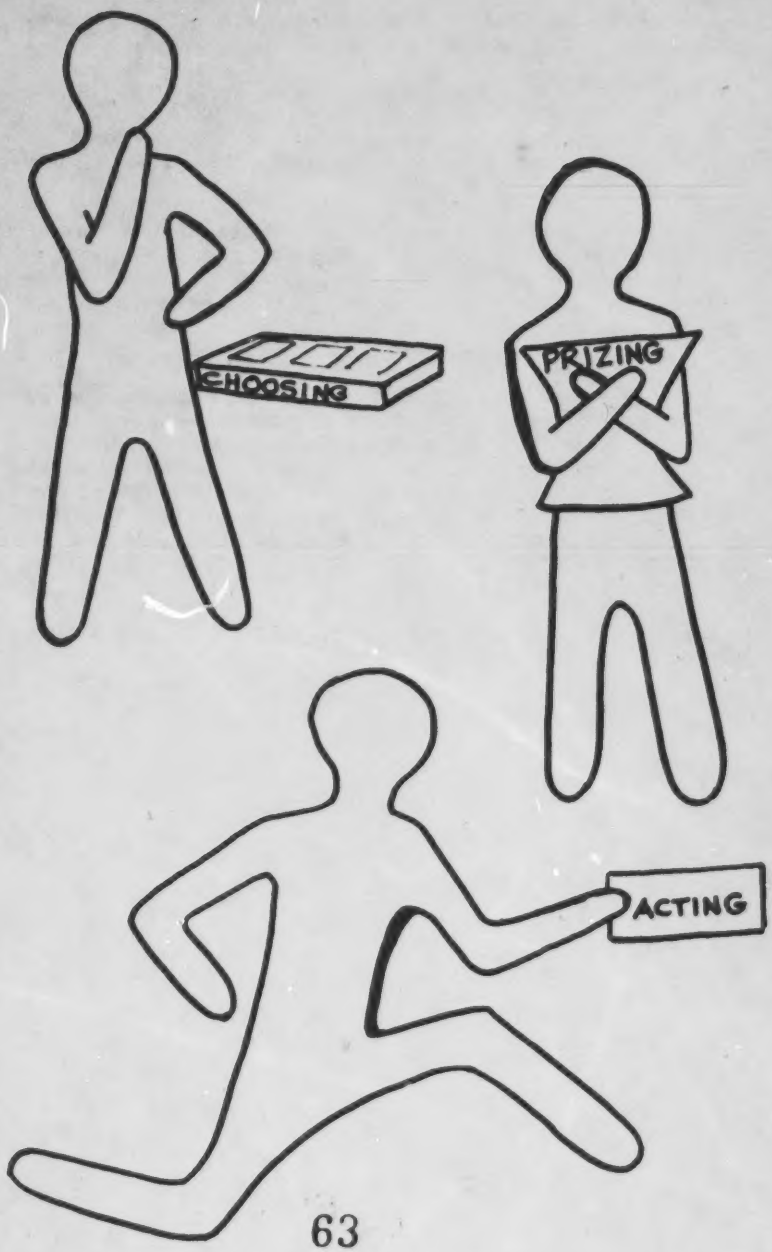
Now take a careful look at the list or lists and discuss them.

Discuss how they are enforced: by reprimands; by put-downs; by nagging; by "looks", stares, facial expressions, "body language"; or by punishment.

Now try to detect any implied rules behind the explicit rules, such as: "Parents are always right and therefore must always be obeyed," or "Children should be seen but not heard," or "After 6:00 p.m. everyone must try to prevent Mother from getting a headache so she does not have to take an aspirin," or "Dad must be left undisturbed after work with his beer and newspaper."

Discuss the relationship between rules and values—which values are the basis for certain rules, and what certain rules reveal about family values. Try to detect any conflicts between alleged values and rules. For example, one family who claimed to value mealtime as an opportunity for family communication, was shocked when their children listed seventeen rules about table manners. Apparently table manners were more important than open communication. They decided that fewer rules would allow greater freedom for good family communication to happen.

Be prepared to report what you learned about your family's rules and values at the next session.



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5 A FAMILY LOOKS AT ITS VALUES

PART II: The Valuing Process

GOAL

To help families understand the valuing process and become conscious participants in it.

A SUGGESTED OUTLINE

REPORT AND REFLECTION ON FAMILY RULES

REFLECTION AND DISCUSSION ON REALITY APPRAISAL, READING ASSIGNMENT, AND FAMILY MEETING

ROLE PLAY AND DISCUSSION

FINDING OUT FOR YOURSELF

REALITY APPRAISAL

Read each sentence and decide whether you agree or disagree and *how much*. Then put a circle around the answer that best tells how you feel about the sentence.

1. The family, the church, the school, and the state are the four stable institutions in our society that are affecting teenagers values.

   Agree very much Agree a little Disagree a little Disagree very much

2. A search for meaning, which is one of the goals often verbalized by drug users, is a valid one.

   Agree very much Agree a little Disagree a little Disagree very much

3. Modeling is an easy way for parents to transmit values to their children.

   Agree very much Agree a little Disagree a little Disagree very much

4. Today's world is exciting because it offers so many choices of values; yet, the whole valuing process can easily be short circuited by our human tendency to be paralyzed by confusion.

   Agree very much Agree a little Disagree a little Disagree very much

5. Rules in a family are often in contradiction to the values which family members wish to communicate to one another.

   Agree very much Agree a little Disagree a little Disagree very much

READING

PART II: The Valuing Process

THE NEED FOR A VALUING PROCESS

How many times has one of your children—bored with a long automobile trip—said, "Can I look at your wallet?" Why? Looking at wallets is fun! Things people carry in wallets reveal interesting things about them—about their values.

What are you carrying in your wallet right now?

Money?
Pictures?
I-D cards?
Credit cards?
Calling cards?
Driver's license?
Insurance company address?
Calendar?
Little Mementoes?

What do they reveal about you? About your values? Which things would you throw away if you were to "clean out" your wallet right now? How long since you cleaned it out? How have your values changed since you last did so?

Just as the things carried in wallets are symbolic, so the fact that wallets need to be cleaned out once in a while symbolizes that values can be updated—in fact, ought to be.

Values can and do change. Not all of them, of course. Just as some things should always be carried in our wallets, so there are values that we want to hold all our lives. But persons may—perhaps should—change some values from time to time, especially in today's rapidly changing world.

But it has not always been that way, and not very long ago either, or at least so it seems.

TRANSMITTING YESTERDAY'S VALUES

Those who remember World War II grew up with values that were remarkably uniform throughout society and relatively unchanging from generation to generation. This had a stabilizing effect on society. Even though not everyone had exactly the same values, differences were not very radical.

Neighbors understood each other's values and thus usually knew what behaviour to expect from each other and from each other's children.

Most of these values came from four great institutions: The family, the church, the school, and the state. These pillars of society consistently agreed with each other and thus reinforced each other's values. This resulted in a ready-made set of values, agreed upon by almost everyone, being handed down to each new generation.

There were two favorite ways of doing this: moralizing and modeling.

Moralizing was the direct transmission of values from one generation to the next by preaching and teaching. The theory behind it was that the hard school of experience had taught adults a worthwhile set of values which would surely also be good for the next generation when they became adults. Therefore, to save children the pain of learning the hard way, and to avoid the risk of their learning the "wrong' values, adults tried to instill their ready-made values into the next generation by using lots of words, the more the better.

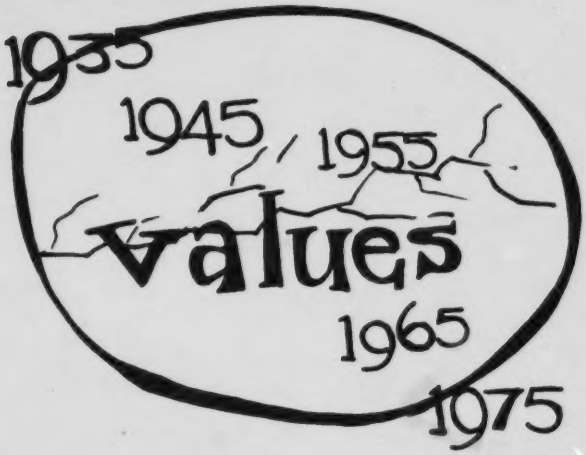
Modeling was a less direct method of transmitting values by example. The theory behind modeling was that if adults displayed attractive lives governed by worthy values, children would want to imitate what they saw.

For these two methods to work together successfully it was important that their primary tools—words and deeds—match each other. If not, they tended to cancel out each other's effectiveness. The fact that they have not always been in agreement has caused problems in the past—and still does today.

But for all that, these two methods worked remarkably well for many generations. Apparently a significant number of ordinary adults were effectively transmitting values by words and deeds that matched.

Not that growing young people were aware of the process. They probably had enough freedom for adventure that they felt they were discovering their own values. But as it usually turned out, most emerging adults used their "freedom" to choose values very similar to their parents and to everyone else.

And once chosen there was little likelihood that they would ever have to be changed. Values lasted a lifetime, much like spouses, careers, and houses. They determined a person's life style from the beginning of adulthood to the grave.



TODAY'S CONFUSION ABOUT VALUES

That's how it was as recently as a generation ago. But then came a whole series of "explosions"—population, knowledge, technology, communications, even pollution, and others. With them came revolutions in theology and morality, along with alarming disturbances in all four pillars of society—

disintegration in the family,
upheaval in the church,
deficiency in the school,
and corruption in government.

Things suddenly were not the same—and they may never be again.

This social turbulence has had its effect on the stability of our values. The comparatively straightforward process by which we formerly transmitted a limited number of ready-made values, has been almost lost in a mystifying confusion of almost endless—sometimes conflicting—opportunities for value decisions. Suddenly a thousand options cry out to have us value them and rank them in our list of priorities.

All of this happened so fast we were caught off guard, unprepared to adjust our values to keep pace with our exploding environment. It is no wonder that both adults and young people are confused by the mystifying number and complexity of decisions that now complicate our behaviour. We have become confused about values.

Adding to the confusion is the fact that some elements in society still cling to the effort to transmit ready-made values to young people for ethnic, religious, or moral reasons. For those caught in this tension, the resulting struggle makes rebels out of some who fight for the right to choose their own values. It makes conformists out of others who are afraid to choose anything but the traditional. And out of others it makes genuine free spirits who accept the reality of all the new possibilities and rejoice over the freedom to choose and the opportunity to grow thereby.

A NEW LOOK AT REALITY

There is something exciting about all this. The possibilities for adventure in a world with so many options is exhilarating. At the same time, of course, the possibilities for failure can be depressing. The danger is that the whole valuing process might be short circuited by our human tendency to be paralyzed by confusion. In such circumstances it takes a clear-thinking person to resist the temptation to do nothing. Some realistic observations may help us to avoid this paralysis.

The first such observation is that it is simply unrealistic to adopt a ready-made set of values in today's world, for three reasons:

1. Today's issues are so complex that the simple value decisions of a former generation no longer seem to fit.

2. It is humanly impossible to consider all the possible alternatives in behaviour available today. There are simply too many.

3. It has become very unlikely that society will ever again hand down an unanimous set of values to any new generation because the family, the church, the school, and the state are no longer in complete agreement on values.

A second reality is that never again will all of our values be chosen with a lifetime in mind. Some of them perhaps, but not all. Many of today's values are in a constant state of reexamination. Adults can no longer assume that they alone have clearcut values and that children must therefore be learners. Today, value clarification is equally important for all ages as an ongoing, lifelong process.

A third reality is that a new method of valuing is already upon us. Whether we like it or not something very different from the once familiar direct transmission of values is taking place today. Our children are placing values on things we never dreamed of; they are making choices we never made; they are acting in ways we never acted—simply because we never faced the options that confront them. The truth is that values are not being transmitted in the same way they were a generation ago.

A fourth reality is that children, young people, and adults all face today's valuing confusion together. The old one-way lines of transmission downward—from parents to children, teachers to pupils, ministers to congregations, public officials to private citizens—no longer flow as smoothly and directly and with as much authority as they once did. Today's adults, rather than function as authorities who transmit values, now must join their children and young people in learning new ways of valuing. Adults, young people, and children must learn together, thereby becoming each other's teachers.

A NEW PROCESS OF VALUES CLARIFICATION

Reality being what it is, we find ourselves in search of a method of on-going value clarification which will clear up confusion and keep pace with our rapidly changing world. It is confusion that makes decision-making difficult. If we are not clear about values we will be confused about how to act. However, if we can be clear about values, behaviour will be decisive and satisfying.

> We can accept as a certainty that the new process will be radically more complex than the old, and that it will permit persons to form their own values rather than impose someone else's values on them. In the lives of many people, such a process is indeed already at work.

Let's look more closely at the new valuing process. One of the most helpful descriptions of it has been formulated by Louis E. Raths. It enables us to unmistakably identify our real values and to make them a dynamic part of our lives.

The valuing process has three separate procedures—prizing; choosing, and acting—which subdivide themselves into seven distinct activities. These three procedures when seen together with the seven activities which they involve, look like this:

PRIZING one's beliefs and behaviour
1. Cherishing and appreciating them as something dear
2. Publicly affirming them when appropriate

CHOOSING one's beliefs and behaviour
3. Choosing freely . . .
4. From among alternatives . . .
5. After consideration of the consequences

ACTING on one's beliefs
6. Acting on them, not just thinking or talking
7. Acting repeatedly and consistently

These seven activities may not always take place in that order, and they may not all apply to everything which a person feels is important. However, all seven will always be involved in the total development of a real value on which a person is willing to act.

This description clearly makes the valuing process a conscious one. Persons who are unaware of their values will not be aware of having gone through any process to develop them. The growing person, however, participates consciously and deliberately in the valuing process.

A VALUE CLARIFICATION EXERCISE

A simple exercise may help you to think through the process and to understand it more clearly.

Begin by listing some controversial social issues on which people have divided opinions and about which you have fairly strong feelings. Here are some suggestions; you may think of others: zero population growth, conservation of energy, pollution, abortion, race relations, legalization of marijuana, equal rights amendment, premarital sex, world food crisis, distribution of wealth, school grading systems, a local election issue, etc.

Our feelings about controversial issues often reflect our values, or at least what we think they are. However, closer examination of the seven activities involved in the valuing process may reveal that some of the things we feel are values are not real values but are only in the process of formation or of clarification.

This is not an exercise in which you are expected to state or defend your positions. It is simply to determine the degree to which they reflect your real values. To test this, use the chart below to answer the following seven questions by making checks in the seven columns for "yes" answers or leaving them blank for "no" answers.

1. Are you proud of your position on this issue?
2. Have you ever publicly affirmed your position?
3. Have you chosen your position freely?
4. Have you chosen your position from alternatives?
5. Have you chosen your position after examining the alternatives and considering the consequences?
6. Have you acted on or done anything as a result of your beliefs on this issue?
7. Have you acted repeatedly and consistently?

	ISSUE	1	2	3	4	5	6	7
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Plan to discuss the results of this exercise in your next group session. If you have older children in your family, it might be interesting to try it as part of a family meeting sometime. It might also be interesting to keep a record of it and look at it again a year from now.

THE FAMILY'S ROLE IN THE VALUING PROCESS

We have already committed ourselves to the belief that the family is not obsolete. Thus the fact that the traditional method of transmitting values has become unrealistic does not mean that the family has exhausted its usefulness.

However, today's parents may need to be encouraged to become conscious participants in the new and bewildering do-it-yourself valuing process--a process in which our children are already involved whether we like it or not. Because it is so bewildering, it would be much easier

to stand by and do nothing as our children flounder, struggle, and blunder onto a collection of aimless values without purpose or design. How much better it is to give our children leadership, guidance, and support by becoming participants in the process.

The style of this leadership should not be of the dogmatic authoritarian kind that makes observations and gives commands, but of the kind that joins in the learning process by participating. Families with this kind of leadership learn together because each person is both learner and teacher.

How can this be done? Family meetings—which you have been encouraged to try—can provide continuing opportunities for family members to share with and support one another in the struggles of the valuing process.

You have already done some valuing exercises and discussed them together in family meetings. These were adapted from a readily available paperback book, *Values Clarification: A Handbook of Practical Strategies For Teachers and Students* by Sidney B. Simon, Leland W. Howe, and Howard Kirschenbaum, copyright Hart Publishing Company, Inc. 1972. Though the book is written for classroom use, it is easily adaptable to family use. It contains 79 different exercises for helping small groups think about values. Many of them contain material specifically aimed at getting younger children involved. We recommend it for a continuing series of family meetings on values. Complete bibliographical data is in the back of the book.

The family which learns to communicate about values, can help each other sort out the most cherished options from among the myriads of available possibilities. They can also provide a secure place for persons to recognize and accept their inevitable human limitations, and the limitations of circumstances. No human being can deal with all the available choices. Accepting one's limitations while surrounded by a loving family, may be the best way to ease the frustration of facing too many possibilities. Thus a personal limitation can be changed from a threat of failure into a beginning point from which to grow.

The family can also share in the process of evaluating the various consequences of possible choices. Judgments will be based on that which promotes the greatest possible personal growth of individuals.

The caring family will also undertake the risk of allowing its members freedom to make their own choices and to act on them. Sometimes these actions will have the appearance of trial and error experiments, and sometimes they will look like rebellion. But regardless of appearance, the family can celebrate them as honest and worthy efforts to grow.

Of course, knowing that in today's world the valuing process is never final, the loving family will be ready to repeat the process over and over again.

A BASIC FAMILY VALUE

While family participation in this process is vitally important, most families will also be concerned that the values themselves be worthwhile. Parents who look at their own values will feel that some of them should not change. At the same time they may experience a gnawing fear that their children, even with careful guidance, may choose the *wrong* values, especially when they see some of society's oldest values being uprooted.

> Some parents may feel uneasy that Louis Raths' description of the valuing process contains no guarantee that the values chosen will be growth-producing, and it contains no way of evaluating whether or not they are worthwhile. This is left to the indivdual.
>
> However, there are some encouraging signs that the values arrived at by the new process in our new world may not be as unworthy as sometimes feared by the over-30 generation.

One of the great discoveries of our new age is that *people are important.* Actually it is not a new discovery at all. But it was a necessary rediscovery because for several generations just past, we have lost sight of the value of people. Rules for conduct and our strenous efforts to transmit just the right set of ready-made values had become so important that we quietly and unconsciously forgot the value of persons which our rules were originally intended to preserve.

> Now that this basic value has been brought back to our attention, we are reminded that the value of people must lie at the foundation of all other worthwhile values.
>
> The new generation may in reality—and with greater honesty than their parents—be truly interested in authentic personal growth and development of themselves and others. It may be that their values are much like we parents intended ours to be all along.

This *people are important* value has two parts—*self value* and *value of others.*

> Self value is the belief that *I am of value to others and therefore to myself.* All of us need and want to feel that others see us as worthwhile, and therefore we can feel worthwile to our selves. Most of us value ourselves most highly when we feel good about our own efforts to grow, and when others support these efforts—in other words, when our values are personally growth-producing.
>
> Valuing others happens when we place the same value on them that we place on ourselves. We value others most highly when we recognize their wish to feel the same way about themselves as we wish to feel about ourselves. We reveal the value we place on them when we support their efforts to grow—in other words, when our values promote the growth and development of others.

We believe that the best place to teach these two basic values is in the kind of family where people live together in warm, loving relationships of giving and receiving—where people actually choose one another as important. Families where people are important will produce people who value people.

> Modeling in the family may not be obsolete after all. In fact, it may be that by honestly admitting that our old-fashioned modeling failed when it conflicted with our moralizing, a new modeling process may be set free to work better than it ever has before. Today's words and deeds are becoming more free to be in agreement than they were a generation ago when we mouthed allegiance to people but gave our real loyalty to rules. Such honest modeling can effectively teach both the valuing process and the value of people. It may very well be our best way to teach people to value one another.

Today's families face a sobering challenge. If the challenge is to be met in a world that suffers from future shock, the best gift families can give their children is not a ready-made set of values transmitted by precept and example. Rather it is the skill and confidence they will need to develop and clarify their own set of values, and to keep on doing so for the rest of their lives.

> The family still stands, we believe, as society's most promising institution for shaping the next generation's behaviour. This will be done, not by giving them easy answers, but by helping them find within themselves ways to make value judgments that will produce better ways to live.

FOR REFLECTION AND DISCUSSION

1. What did you learn about yourself from the Reality Appraisal?
2. What did you learn about the relationship between your family rules and your values?
3. Describe some ways you believe you learned values from your parents.
4. Compare these with some of your recent experiences trying to help your children develop values.
5. What did you learn about your values from the exercise in this chapter?
6. In what ways have you detected that moralizing and modeling in your family may be working toward conflicting goals? How are they successfully working together?
7. What can you do to participate with your family in the valuing process?

FINDING OUT FOR YOURSELF

A. Reading Assignment for Chapter 6
   1. Complete the Reality Appraisal.
   2. Study the Reading.

B. Task Assignment
   1. Have a family meeting to plan a specific family outing or activity that will involve fun and good feelings for the largest number of family members. To challenge creativity, you might try placing your own choice of restrictions on the activity, such as: a limit on cost, or no cost except gas for the car, or confined to the house or yard, or to include someone special like Grandma and Grandpa or a neighbor family, and—how about, no chemical crutches allowed.

   2. For those with special interest, do some research on . . .

      a. A list of locally available drug treatment services.
      b. A list of locally available parenting skills training programs.
      c. A list of locally available ongoing support groups, sharing groups, or communications groups.

C. Optional Readings
   1. Chart on "Alternatives to Drugs"
   2. Sidney B. Simon, et al. "Values Clarification: A Handbook of Practical Strategies for Teachers and Students."

speed
limit
GO
Yield
STOP

6 A FAMILY LOOKS AT ITS CHOICES

GOAL

To help families experience good feelings about family activities, and to help participants make growth-producing choices and carry them through by taking specific actions.

A SUGGESTED OUTLINE

REPORT AND REFLECTION ON PLANS FOR A FAMILY ACTIVITY

ROLE PLAY AND DISCUSSION

REFLECTION AND DISCUSSION ON REALITY APPRAISAL AND READING ASSIGNMENT

WHERE DO WE GO FROM HERE?

REALITY APPRAISAL

Read each sentence and decide whether you agree or disagree and *how much*. Then put a circle around the answer that best tells how you feel about the statement.

1. Low self-concepts grow out of families that allow freedom to express ideas but are cautious about the expression of feelings.

   Agree very much Agree a little Disagree a little Disagree very much

2. Conflict in a family is a sign that someone in the family wishes to grow.

   Agree very much Agree a little Disagree a little Disagree very much

3. Making changes in a family is an easy task if all members of the family agree to the changes.

   Agree very much Agree a little Disagree a little Disagree very much

4. Family members often do not feel good about themselves because they are controlled by unexpressed family rules.

   Agree very much Agree a little Disagree a little Disagree very much

5. A family wherein members love each other but build fearful, closed, and defensive relationships outside their family is an unhealthy family.

   Agree very much Agree a little Disagree a little Disagree very much

6. Families need other families in order to remain healthy and growing families.

   Agree very much Agree a little Disagree a little Disagree very much

READING

IN RETROSPECT: A LOOK AT THE PROGRAM

It is clear that most people think of our society as having a drug problem. Not quite so clear is how to understand just what that problem is. Even less clear is what should be done about it.

> This program has not intended to suggest an easy solution to the problem. It has, however, intended to stir you to think about your personal relationship to the problem and about your role in preventing it from getting worse.
>
> It is the belief that improving the quality of family life can help prevent persons from becoming dependent on drugs that led to the creation of this program.
>
> The validity of that belief has, of course, not yet been proven. Obviously the concluding evidence is not yet in, and may not be for many years, or perhaps ever. Nevertheless we have proceeded on the basis of that conviction.

We believe that wholesome family life is fundamentally important for reasons other than just a possible way to prevent drug dependence; it is also a way to produce well-adjusted people who have good feelings about themselves and who care about others.

> We are convinced many ordinary people share that belief, including some who have never experienced a satisfying family life, but nevertheless have some notion of what it ought to be like.
>
> It is our hope that among those who complete this program, there will be those in whom this belief will be either awakened or affirmed and reinforced.

Of course it is possible that along with this affirmation some of you may feel both disturbed and gratified by what you learned about your family. Whichever the case, we hope you have experienced a new desire to grow as persons and as families.

> *The "success" of this program depends only partly on what has happened during the six weeks of meetings. It is what you as parents and families do in the future with what you have learned that really counts.*
>
> Thus, we hope you have resolved to continue doing some things—or do them better—which you observed and liked about your family; or that you have resolved to change some things you observed and did not like.

Another possibility is one which we hope will not happen—that you become crippled by feelings of failure and guilt. Accept the encouraging fact that all of us as parents are involved together in the challenging enterprise of rearing children. There are no perfect marriages and no perfect parents. Some are growing, some are not; some are promoting growth, some are hindering it;

some are building people, some are ignoring them, and some are even damaging them. But almost all of them are doing the best they know how.

Three redeeming ideas can help keep us from being paralyzed by guilt: it's O.K. to be human; people can change; and it is possible for parents to be growing and growth-producing parents.

IN PROSPECT: A LOOK AT THE NURTURING FAMILY

As we look beyond the end of this program and accept the realistic challenge that parents can grow and be growth-producing, it may be worthwile to place before us a picture of the kind of family toward which we would like to strive.

Peoplemaking, a challenging but very human book by Virginia Satir, provides us with that picture. She calls it the "nurturing family." It has four characteristics.

1. *The nurturing family is one in which self worth is high.* Every person in every family has some feeling of worth, either positive or negative. In the nurturing family, people feel worthwhile because they feel good about themselves.

2. *In the nurturing family communication is direct, clear, specific, and honest.* Every person in every family communicates, either clearly and honestly or vaguely and deceptively. In the nurturing family, all the ways by which people exchange ideas and meanings with each other—whether verbally or non-verbally—result in their getting each other's meaning regardless of what words are spoken.

3. *In the nurturing family rules are flexible, human,appropriate, and subject to change.* Every person in every family follows rules, either helpful, growth-producing rules, or rigid, inhuman growth-inhibiting rules. In nurturing families rules are human and contribute to growth.

4. *In the nurturing family relationships to society are open, realistic, hopeful, and creative.* Every person in every family has a relationship to society, either fearful, closed and defensive, or open, grateful, and optimistic. In nurturing families people have the same comfortable, creative relationships with society that they have with their families.

We'd like to add a fifth characteristic to this list.

5. *Nurturing families help their members develop worthwhile values.* Every person in every family has values, either productive or counterproductive. In nurturing families people are developing worthwhile, growth-producing values.

It would be gratifying if every participant in this program had discovered that he or she already belongs to a nurturing family, or at least a family which is consciously striving toward that goal. Of course this may or may not be the case. Probably most of us have mixed feelings of gratitude for our successes and of determination to improve upon our failures.

It is the matter of making choices to improve the quality of our family life on which we want to focus our attention in this concluding session.

MAKING CHOICES

It is possible, even probable, that you already have some idea what choice or choices you should make. On the other hand it is also possible you are confused. A simple exercise in decision-making might help clarify your choices. We suggest the exercise be done by each person rather than by couples together.

> On the chart provided list all the things you do when you are not sleeping. The list should be as specific and complete as possible but not such a thorough research project that you can't finish it in a few minutes, or that it becomes a convenient excuse not to do it. Include things like a regular job, traveling to and from work, housework, eating, personal care, shopping, household repairs and maintenance, car care and repairs, outdoor yard work, husband-wife relationships, hobbies, family talks, study, reading, peer group social activities, church, TV, listening to music, recreation, transporting children to activities, and probably many others that apply particularly to you.
>
> Now go through the list item by item, noting in the appropriate column who in your family is included in the activity: "self" if you are the only person; "family" if the whole family is involved; "parents" if Mother and Dad are both included; and names or initials if particular people are involved.
>
> Go through the list again and estimate as accurately as you can the amount of time you spend on each activity during a typical week. Record the time in the appropriate column.
>
> Go through the list once more and indicate with "yes" or "no" in the last column whether or not you feel free to change that activity or the amount of time spent on it.

This chart can now be used in several ways. Since time invested in an activity is an indication of its real value, you might examine your actual investment of time in various activities, compare it with your desired ranking of priorities, and decide to change your time investments.

Or you might want to evaluate the amount of time you spend with particular members of the family and decide that each person needs to be singled out for special treatment as an individual.

> However, since our primary concern right now is for the family as a group, the list can also be used to make a judgement about the time spent together as a family. Only you can decide whether or not what you see on the list is a satisfactory indication of the value you want to place on your family. It may be that no decision is necessary. On the other hand, you may feel that some change would improve the quality of your family life.

AN EXERCISE IN DECISION-MAKING

#	Description of Activity	Person (s) Involved	Time Spent	Freedom to Change?
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

In that case the first choice that confronts you is whether or not additional time can be made available to invest in the family. This will depend upon the "yes" and "no" responses listed in column 4.

If you are able, you may choose to increase the *quantity* of time you spend with the family.

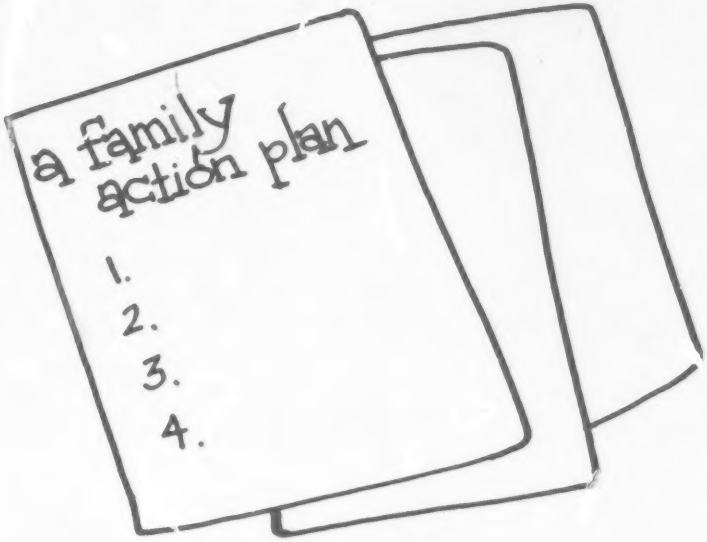
If not, you may choose to concentrate on improving the *quality* of time. This means you will search for ways to increase the good feelings people feel when they do things together, or to increase the value people place on times of family togetherness.

Many of you will feel some concern about both quantity and quality of time. Whether free to increase the quantity or not, most of us would like to improve the quality of our family time together.

Whatever the case, the choice is yours. It may be obvious, and it may be difficult, but only you can make it.

IMPLEMENTING CHOICES

Carrying out a decision is as important as making the basic choice itself—or perhaps more so—because choices not acted upon are nothing more than mental exercise. Mental exercise produces only limited growth. Perhaps we sometimes half-consciously protect ourselves from the pain associated with change and growth by making choices which we secretly assume we will never really act upon. Creating a *plan of action* after making a decision will help us overcome that fear.



The plan of action is really just a series of smaller choices which will obviously be necessary if the basic decision is to be carried out. Just as the basic choice was yours, so you are the one best equipped to know the things you must cause to happen if the choice is to be pursued to conclusion.

Quantity of Time. Suppose your decision is to increase the amount of time you spend with your family. This may call for one or several smaller choices which hinge on the basic one. Thus your plan of action might involve resigning from the church council, dropping out of PTA, reorganizing your work schedule, giving up some social activities, spending less time on your hobby, or perhaps just being more disciplined about time which seems to be wasted doing nothing.

It may involve making a date to talk it over with your spouse, or setting a time to talk it over with the family. And of course it should involve actually setting aside specific time to be spent with the family, plus some plans to make future plans.

Quality of Time. Now let's consider the possibility that your decision was to concentrate on improving the quality of time spent with the family.

One plan of action might be to free some time to participate in a parent's support group in which parents seek to enrich their family life and increase their parenting skills by sharing their struggles with other parents. There are enough of these concerned parents that helping groups of this kind have become available in many communities.

Whether or not your plan involves investing some of your limited time in a parents' support group, you will certainly want to rally all of the skills and resources of your family in an effort to improve the quality of your family time. There must still be a plan of action which fits your circumstances if anything is to change. Here are some suggestions.

Virginia Satir in *Peoplemaking* says that *communication is the greatest single factor determining the quality of relationships people have with each other.* Thus, if we are going to improve the quality of time we spend with our families we must concentrate on improving communication.

There are many ways to communicate, both verbally and non-verbally. However, the most direct way for most of us is by talking. It would be a great step forward for many families if they could simply learn to talk together, warmly, honestly, and often, about things that matter.

A plan of action to improve communication may include some things to do, plus some things to talk about, plus some ways to get started talking.

Things to do might include deciding to make mealtime a time of worthwhile communication instead of letting it pass as just a time to feed the body. Another possibility is to set aside special times just for the family to talk together, such as Sunday afternoons, or while sitting around the dinner table after one of the main meals of the week, or even as a replacement for some of the time usually spent watching television. Some families have never considered setting aside a special time just to talk, but many families do it regularly with great profit.

Our suggestions for family meetings during this program have been an attempt to help you get started with special times for family talking. Now that you have tried—if you have—your decision might be to continue.

One possible argument against such regularly scheduled family talk sessions is the fact that very often the most effective communication is spontaneous, or is the result of sensitive "timing" when someone or several family members are "in the mood" or have special needs. It can be argued that this sense of timing cannot be rigidly scheduled, and that to attempt it risks the loss of spontaneity. However, perhaps the greater danger for most families is that these spontaneous opportunities never seem to occur, either because no one is aware of them or because people are afraid to get started talking. Thus it is better to schedule the time than not to talk at all.

One of the side benefits of special talking times is that skills in communication learned then will carry over into other family activities and into relationships outside the family. There is always some communication going on all the time in families, not just at special times. There may not be much, or what there is may be of very poor quality. Our concern is for improving both the quantity and the quality of communication that takes place all the time, whether it is a special talking time, work time, fun time, or even an argument.

After making whatever scheduling changes are necessary, some thought needs to be given to things to talk about and ways to get started talking. It is hoped that some of the exercises you did with your family during this program, as well as some of the discussions you had with your group, have helped you experience that it is possible for families to talk about important things.

One suggestion is to talk about feelings. Some families never do. But if it is true that *all* communication is learned, once families realize this, they can change if they want to. Thus, as difficult as it might be, families can learn to share each other's feelings, and in the process they will probably find themselves talking about a lot of "important" things. And they may also discover that it is not hard at all to find time when people want to talk, and it is not hard to get started.

And don't forget that communication is a two-way street. If families are to succeed in talking together about important things, every person must learn to be a sensitive listener as well as a talker. Sensitive listeners "listen" for feelings as well as meanings. They learn to detect, to understand, and to

sympathize with the feelings of others. This kind of listening is as much a part of communication as honest sharing.

PURSUING CHOICES

After you have created a plan of action, it must be carried through if the basic choice is to result in change and growth. If you are in earnest, here are some suggestions that may help you carry out your plan of action.

1. Share your basic decision and the plan of action with a significant, understanding, sympathetic person. This will be most effective if the person is someone who is also making decisions he or she wishes to share with you. The act of sharing will add a spirit of commitment to your decision and a feeling of accountability for carrying it out. Your spouse, if you have one, is a logical choice, especially since we are interested in families. If you are part of a single parent family, select another adult to whom you feel you can talk.

If the children are involved, share it with them also.

It is possible that both spouses in one family may want to make some choices and develop plans of action. In your sharing with each other, compare your two plans. If there seems to be conflict between them, this must be discussed and resolved. The result may be two separate plans of action, or a joint one.

2. As part of the sharing, agree to support and encourage each other, and agree to check on each other's progress periodically. Be sure to set specific times for these progress checks.

3. At the time of each progress check, plan to do several things:

a. Report progress, share how you feel about it, and evaluate its effect on the family and on the goal you had in mind.

b. Celebrate even small successes together enthusiastically. Success is not a perfect score but simply observable evidence that the struggle to change has begun to make progress. This is sufficient reason to celebrate.

c. Confess failure honestly and discuss the reasons for it.

d. Communicate forgiveness clearly so that anyone who fails knows and feels that to be human is normal and OK.

e. After confession and forgiveness, start again promptly. Failure does not make it necessary to quit.

When a family develops freedom to talk together about these kinds of things, change and growth will take place. The quality of family life will improve, which is what this program is all about.

As this program draws to a close, we challenge you to look for ways to continue to promote your family's growth. Best wishes for some significant forward steps in the quality of your family life. Hopefully, the prevention of dependence upon chemical substances will be just one of the beneficial side effects. We hope that there will be many others.

FOR REFLECTION AND DISCUSSION

1. What did you learn about yourself from the Reality Appraisal?
2. What things have you discovered about your family that make it a nurturing family?
3. What things about your family would you like to improve to make it more nurturing?
4. Share with the group some of your feelings about the program: knowledge clarified, changes in attitude, changes in behaviour, etc.

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A BRIEF HISTORY OF DRUGS AND DRUG USE

INTRODUCTION

There is a long history associated with man's use of drugs and with society's cultural response to that use. In order for us to understand how we arrived at our present state of concern about dependence upon chemical substances, it is worthwhile to look at the past.

Since the beginning of recorded history some people have found drugs useful, advantageous, or pleasurable as a way of altering their mood, their consciousness, or their feelings toward and their reactions to their environment.

Let's begin this brief historical investigation of some of these mood or perception-altering substances by looking at the oldest and most widely used, alcohol.

ALCOHOL

The first use of alcohol probably occurred in pre-historic times. Organized production of the drug dates back at least to Egypt in 3700 B.C. where a beer brewery is described in historical records. About a thousand years later the ruler of Crete was collecting wine taxes. The Arabs introduced distilling into Europe in the Middle Ages. The word whiskey was first used by the Irish and originally meant "water of life".

Today, more people are drinking more alcohol in more forms and in more places than ever before, to such an extent that in the United States alone the legal alcholic beverage industry grosses close to 18 billlion dollars per year. Americans now are annually consuming roughly 650 million gallons of distilled spirits, 100 million barrels and 6 billion bottles or cans of beer, 200 million gallons of wine, 100 million gallons of illegal or moonshine whiskey, and unmeasurable amounts of legal homemade wine and beer.

Governments receive large revenues from this drug industry—millions of dollars for most states, several billion per year for the U. S. government, and proportionate amounts for most other countries.

As far as alcohol abuse is concerned, conservatively estimated there are at least 25 million alcoholics around the world, with the highest rate in France where as much as ten percent of the population is estimated to be alcoholic. Other countries with major known alcoholism problems include Russia, Sweden, Denmark, Belgium, Switzerland, Canada, Australia, Chile and Japan. These and other countries, of course, have situations parallel to America's with deaths and injuries from drunken driving, disability and death from cirrhosis of the liver, divorce, crime, and job losses. Many as yet have failed either to recognize or to define this as a "problem".

CANNABIS (Marijuana)

Historically, marijuana, or what seems to be marijuana, was first mentioned in 2500 B.C. in a Chinese pharmacoepia. Not surprisingly, even at this relatively early stage of civilization, those who considered pleasure or happiness immoral began to speak of the plant as the "Liberator of Sin", while others who

found it a desirable euphoriant or an apparently effective medicine for ailments such as arthritis, malaria, or constipation, began speaking of it as the "Giver of Delight". Somewhere between 1500 and 800 B.C., the plant came to be used in India for its mind-altering effect, being used primarily for religious and medical purposes. Hindus came to speak of the drug as the "Heavenly Guide" and the "Soother of Grief". It was considered holy and described as a sacred grass during the Vedic period. One legend speaks of the guardian angel of mankind living in the leaves of the plant, and another account describes the plant as springing from nectar dropped to earth from heaven.

Use of marijuana spread throughout the Indian subcontinent and other parts of Asia. It probably was developed independently in Africa and South America. It was brought to Europe by Marco Polo, although this may not have been its first introduction there because Herodotus writes of the Scythians inhaling the fumes of burning hemp seeds and then "shouting for joy".

There seems to have been little use of marijuana in the Western Hemisphere until the middle of the nineteenth century, when its use was taken up by a number of French and American writers including Baudelaire, Gautier, Taylor and Ludlow, who in a sense popularized it as hemp or hashish. In the form of hashish, it had been widely used for hundreds of years in the Middle East. In the early 1900's it came to the United States as marijuana where it was first used by Mexican laborers.

Growing easily in diverse climates, it is now used by some 280 million people in all parts of Africa, North America, Brazil, the West Indies, India and Pakistan, the Middle East, and several other parts of the world.

OPIUM AND ITS DERIVATIVES (Morphine and Heroin)

Exactly when the mind-altering effect of the use of the opium poppy, later named *Papaver somniferum*, was discovered is rather vague. Some attribute its discovery to the ancient Egyptians because of the papyrus written around 1600 B.C. which appears to refer to a tincture of opium for preventing the excessive crying of children.

It was known to the Greeks and Romans, and was widely used by them. It was the active principle of the *nepenthe* talked about by Homer as the "Destroyer of Grief".

It is thought to have been carried to Persia and China in the ninth century by Arab traders. It reached India through the Portuguese in the early 1500's, soon achieving widespread popularity, and its cultivation reached sufficiently large proportions that it became the most valuable crop of export.

Although there is some evidence that the Portuguese first imported opium into China, it was the British East India Company that made the importation of opium a large-scale enterprise, progressively increasing from 30,000 pounds per year in the first part of the 18th century to 750,000 pounds per year in the first part of the 19th century and six million pounds by mid-century. American traders were also sending Turkish opium into China. The Turkish opium was inferior in morphine content, which is the active ingredient of crude opium.

The Chinese made attempts at controlling opium use and trade in the 14th century, in 1729, in 1800, and again in 1879. Between 1834 and 1858, two "Opium Wars" were fought and won by the British when Chinese officials attempted to stop the trade and seize the chests of opium. As a by-product of these wars, Hong Kong was ceded to England, China became open to the West, and opium importation was fully legalized.

Although prohibitionist views existed in England, much of English "scientific" opinion supported the continued use of the drug. In 1891, the English Colonial Surgeon commented, that "opium smoking does not do one thousandth of the harm to either the individual or his family that alcohol does at home" and he went on to state that it was also less injurious than tobacco smoking.

Use of opium in Europe and North America does not seem to have moved beyond limited experimentation until the eighteenth and nineteenth centuries, when as *laudanum*, the drug came to be taken as a medicine for practically all complaints.

The isolation of morphine from *Papaver somniferum* in 1800; the invention of the hypodermic needle in the 1840's; the production of heroin in 1898 (which was thought to be a safe, non-addicting substitute for morphine); the widespread use of narcotics during and after the American Civil War; the extensive distribution and use of patent medicines and tonics such as *Lydia Pinkham's*, containing opium and/or alcohol; and the importation of opium by Chinese immigrants; all led to the spread of narcotic use and addiction in the United States and other Western countries.

NICOTINE (Tobacco)

When Columbus arrived in the New World in 1492, Indians were practicing the inhalation of smoke from a rolled tobacco leaf placed in one nostril and then lighted. The Indians told Columbus that this practice relieved tiredness and monotony. Within a half a century, Spaniards were almost totally converted to tobacco.

With the development of cigarette mass production, distribution techniques, advertising, and the emancipation of women, smoking quickly spread throughout the Western World and later to other regions.

Perhaps because the plant *Nicotiana tobacum* requires careful cultivation, its production has become most widespread in the southern United States. It now consitutes an eight-billion-dollar-a-year industry. Americans alone smoked 542 billion cigarettes in 1970, despite the fact that nicotine, besides being a stimulant, is one of the most potent poisons known; and despite the toxic substances in cigarette paper; and despite the overwhelming evidence of death and disability from tobacco coal tars.

CAFFEINE (Coffee, Tea, Chocolate)

Probably one of the most widely used drugs is caffeine—in the form of coffee, tea, chocolate, and colas—because of its wide availability, relative mildness, low cost, and the regularity of repeated doses involved in ordinary use.

Tea reached America in 1665 through Dutch importation to New Amsterdam (New York). Although generally popular throughout the world, in modern times tea consumption has achieved its greatest heights in England where in the 1950's a medical member of the House of Commons stated that "the national intake of pure caffeine is about 50 million pounds annually. Some persons consider ten cups of tea per day a normal consumption.

The *coffea arabica* plant, from which we get coffee, has become the world's most widely cultivated drug or beverage plant since its origin in ancient Ethiopia, or Abyssinia.

Its use as a medicine for keeping the sleepy awake is mentioned in an eleventh century Arabian medical text. It came to be used by Catholic monks and by Moslems to keep from dozing during periods of scheduled religious reverence. In the 1580's coffee reached northern Europe through the German explorer Reuwolf, and in the early 1600's it reached England via Persia. Its use generally, and in coffeehouses, rapidly spread, particularly after the pleasures of mixing it with sugar were discovered. Bach, in his satirical *Coffee Cantata* describes great parental concern and strict measures to get a young girl to give up coffee, but love and coffee triumph in the end.

As has seemingly occurred throughout history with all substances sought after for pleasure, religious zealots, moralists, reformers, kings and politicans have unsuccessfully sought to ban coffee houses and to condemn the drug and its users. Others, as in contemporary life, welcomed it as a source of revenue.

In 1946, Americans alone used about 40 million, 132-pound bags of coffee. This amount of usage is equivalent to 20 pounds of coffee per year for every man, woman, and child. The average in 1969 was estimated at 14.3 pounds per person.

COCAINE (and Synthetic Amphetamines)

The most potent stimulant derived from a plant, and one with a very long history, is cocaine, obtained from *Erythroxylon coca*, the "divine plant" of the Incas, whose rulers made extensive use of it.

The leaves of this plant are now regularly chewed by as many as ten million Andean Indians in Peru, Bolivia, Colombia, and Argentina. This is done to bet-

ter tolerate the cold of these mountainous areas, to alleviate fatigue, and to reduce hunger.

In leaf form, and also as purified cocaine, there is limited quasi-legal and illegal use of this drug in the large cities of South America, North America and Western Europe and somewhat more extensive use in India and Pakistan. Paradoxically, the cocaine bush is grown primarily for the Coca-Cola company, which in recent decades has used the leaf with all drug extracted as a flavoring agent.

Another class of potent stimulant, amphetamines, was first artifically synthesized in 1933. They are used in the form of drugs or medicine as opposed to beverages like coffee. Amphetamines are most widely used in the Western World, both legally by prescription, and illegally.

In 1965, the last year for which complete figures are available in America (the country most productive of these and other drugs), 153,000 pounds of amphetamines were produced, along with thousands of pounds of other central nervous system stimulants. In 1972 the federal government began to regulate the production of amphetamines drastically.

SEDATIVES/TRANQUILIZERS

Sedatives, hypnotics, and tranquilizers are terms which refer to another family of drugs, not to their chemical names. They have become a very popular, widely used and abused type of chemical substance. Alcohol actually belongs in this family of drugs and it is the most widely used self-prescribed sedative.

Of those sedatives and tranquilizers synthesized as medicinal chemicals, the bromides are the oldest, dating back to 1857. At one time potassium bromide was being used by millions in the West. Although it is now superseded by other sedatives, it is still a common ingredient, along with aspirin and anti-histamines, of over-the-counter sedative headache remedies.

One striking illustration of the quest for pleasure and relief of anxiety and tension is the 1965 production figure for barbiturates—971,000 pounds. A more recent sedatives, meprobamate, popularly known as Miltown or Equanil, had a production of 1,179,000 pounds in 1965.

Together, the sedatives and tranquilizers account for about 20 per cent of all physicians' prescriptions and also are the most commonly refilled of prescriptions. There are also more than a hundred popular, over-the-counter pseudo-sedatives and pseudo-tranquilizers.

PSYCHEDELIC OR HALLUCINOGENIC DRUGS

The drug family which has received the most sensational attention in recent years is the LSD-type—psychedelics and hallucinogenics. Of those psychedelics which are widely used today in the United States, perhaps mescaline, which is derived from the *peyote cactus*, is the oldest. Mescaline was used for hundreds of years prior to the Spanish conquest by the Indians of Mexico and Central America. Another plant used by the same people and for similar purposes was the so-called magic mushrooms or *teonanacatl* ("Flesh of God"), from which psilocybin is obtained.

There are several species of morning glory which contain indole alkaloids which will also produce consciousness expansion. All of these were once easily obtainable from seed racks or catalogues in the United Staes, but now are usually coated with insecticides or otherwise neutralized.

Depsite their long history in diverse cultures, all of these drugs, including the peyote used by American Indians who are members of the Native American Church, remained curiosities until the advent of LSD started the American preoccupation with psychedelics.

LDS-25 or d-lysergic acid diethylamide was first synthesized in 1938 by the Swiss chemist, Hofman, who later accidentally discovered its profound mind-altering properties in 1943. Hofman's research with LSD extended roughly over ten years to the early 1950's.

During the 1950s research focused on the then assumed *psychotomimetic* properties of the drug, by using it to imitate and study the loss of contact with reality, delusions, and hallucinations of schizophrenia. Also during this period research on the biochemistry of the brain occurred, utilizing LSD as a tool. There was also a series of studies on the use of LSD on psychotherapy and other positive uses in creativity, problem solving, and religious exploration.

During the 1960s the use of psychedelic drugs became almost epidemic with nonmedical, self-experimental usage. New but similar and less well-known substances were synthesized and substituted for LSD, including STP, DMT, and others. As many as a million people in the United States have probably tried LSD or related substances, with most persons using them only once or a few times.

FEDERAL DRUG LAWS

The Comprehensive Drug Abuse Prevention and Control Act of 1970 was signed into law by President Nixon on October 27, 1970 and became effective on May 1, 1971. Since then, many states have revised outdated laws or enacted new ones which conform to the federal law of 1970.

The Federal law and many of the State laws divide drugs into several classifications for the purposes of law enforcement. Schedule I drugs are considered most in need of control, while those in Schedule V are judged less dangerous, thus in need of less control. For those persons interested in specific information about Federal or State laws, you may wish to contact your State drug agency.

A BRIEF PHARMACOLOGY OF SELECTED DRUGS

INTRODUCTION

Pharmacology can be defined for our purposes as the science which studies how chemical substances interact with the human body. As a science, it is objective, highly technical and extremely complex. While it may be of interest to some, it is not absolutely essential to an understanding or appreciation of the role of drugs in society, nor is it particularly important to the purpose of this program. A brief treatment of it is included here for those who have a particular interest in the subject

It will be helpful to an understanding of pharmacology to begin by defining some of the words which describe how the body reacts to chemical substances.

DEFINITIONS

Habituation is a condition resulting from the repeated consumption of a drug. The word implies (1) a desire (but not a compulsion) to continue using the drug to achieve a sense of improved well-being, (2) little or no tendency to increase the dosage, (3) some degree of psychic dependence, but little or no physical dependence, and (4) detrimental effects, if any, primarily only on the individual.

Addiction is an ambiguous term which varies in meaning with different situations. One definition describes it as a state of periodic or chronic intoxication produced by the repeated consumption of a drug. The word is usually used to imply (1) a strong, almost overpowering psychological dependence on its use, hence a compulsion to continue its use and to obtain it by any means, (2) a physical dependence which produces withdrawal symptoms with abstinence, (3) a tendency to increase the dosage, and (4) detrimental effects on both the individual and society. Because of the sensational and ambiguous way in which the term is often used, it seems to be increasingly appropriate to replace it with the term dependence.

Dependence is a condition of psychological and/or physical dependence on a drug following periodic or continued use of that drug. Specific characteristics of dependence vary, depending upon the particular substance in use. Descriptions of dependence should be clarified by reference to the specific drug being used in particular cases.

Physical dependence is a physiological condition of adaptation to the continuous use of a drug. It is characterized by the development of tolerance which creates the need for an increase in dosage to produce the same effect. The presence of withdrawal symptoms when the administration of the drug is stopped is considered evidence of genuine physical dependence.

Psychological dependence (sometimes also called psychic dependence) is a condition of dependence on a drug for a feeling of satisfaction or well-being, or to create pleasure or avoid discomfort. It may vary in intensity from a mild preference to a strong craving or compulsion to use the drug. In severe

cases, what may be thought of as withdrawal symptoms—in the form of unpleasant psychological disturbances—may develop if administration of the drug is stopped.

Tolerance is a condition in which the response to a specific drug decreases with repeated use, thus making an increase in dosage necessary to create the same effect.

Withdrawal symptoms or withdrawal syndrome are a characteristic set of unpleasant physiological and psychological symptoms which occur, after the development of dependence, when the regular administration of a drug is stopped (or its effect is counteracted by an antagonist). The characteristics of withdrawal vary with different drugs and with the individual patterns of use associated with the dependent person. Severe instances of withdrawal symptoms may be fatal, especially with alcohol and barbiturates.

CLASSIFICATION OF DRUGS

There are many ways to classify drugs. They may be grouped according to the system or portion of the human body on which they act, according to their physical structure or chemical properties, according to the chemical mechanism by which they act, according to their ultimate effect, or according to their action against particular diseases or symptoms.

Our chief concern here is with the mind-altering or consciousness-changing properties of drugs that are used with the intent of bringing about pleasure, even though this is not always the effect. We will divide these drugs into three broad categories, according to the type of action and reaction which they produce on the body—those which **stimulate**, those which **depress**, and a mixed or **miscellaneous** group that may do both or neither. Representative drugs from each of these categories will be selected for description. Descriptions will endeavor to include such matters as general characteristics, method of use, short term effects, duration of action and effect, physical risks, and psychological risks.

STIMULANTS

Stimulants are those mind-altering drugs which stimulate the brain, the central nervous system, and consequently also accelerate or increase functional activity.

Caffeine, the most commonly used stimulant, is the active chemical in coffee, cocoa, Coca-cola, and No-doz. The average cup of coffee or tea, depending on how it is prepared, contains 150 milligrams of the drug, which after ingestion usually increases the flow of thought, relieves drowsiness and fatigue, and permits more sustained intellectual and motor activity. When the respiratory center has been depressed by drugs such as morphine, caffeine by injection (not orally) is of therapeutic value in increasing the rate and depth of respiration. Caffeine and other xanthines also have strong effects on the circulatory system, including stimulation of the heart and dilation of the coronary and other arteries. The latter action accounts for the therapeutic value of caffeine in treating some headaches.

Skeletal muscles are made less susceptible to fatigue, thereby increasing their capacity for muscular work. Urine production and the basal metabolic rate are both increased as is the secretion of hydrochloric acid in the stomach (which helps to develop and maintain peptic ulcers). In humans, the fatal oral dose of caffeine is estimated to be about 10 grams (10,000 milligrams), but no deaths from the drug are known. Tolerance develops with regular daily use, as does habituation (psychological dependence). With doses of one gram or more (about six cups of coffee), toxic symptoms often occur including insomnia, restlessness, and excitement. These may progress to perceptual distortions, tremors, and accelerated breathing and heart rate. Insomnia is sometimes a complication of caffeine use, and many people will develop symptoms of a *withdrawal* nature, including most notably headaches, when they stop using it.

Cocaine is the most potent stimulant drug. A white crystalline powder, it was once dissolved and injected by doctors as a local anesthetic. For *kicks* it is snorted or injected, whereupon it produces effects similar to those of strong amphetamines. As tolerance develops, the user might shift to intravenous injections sometimes combined with heroin as a *speedball.* Though it is uncertain whether cocaine produces physical dependence, the craving for its extreme high produces psychological dependence.

Amphetamines are a group of synthetic stimulants that have been used medically as appetite inhibitors and for relieving mild depression. They are useful in treatment of hyperkinetic (hyperactive) children and in management of narcolepsy.

The most commonly used amphetamines are dextro-amphetamine sulphate (Dexedrine or be-phetamine), methedrine or Desoxyn, and Benzedrine. Amphetamines are popularly known as pep pills. Methamphetamine, especially in injectable form, is often referred to as *speed, crystal, or meth.*

Amphetamines are white crystalline powders usually sold in tablet or capsule form. They are also available in powder form or in solution (in ampoules for injection).

Shortly after taking moderate oral doses, users become more alert and energetic and can carry on activities for longer periods before becoming tired. Many users report increased concentration while using these drugs.

With large doses, the effects are more pronounced. There are nearly always some other psychological effects such as a sense of power or superiority, nervousness, irritability, anxiety, memory lapses, or hallucinations. Sexual desire is sometimes heightened and sometimes eliminated. Rapid-fire speech, blurred vision, dizziness, tremors, headache, diarrhea, palpitations, and cardiac arrhythmias have also been reported with unusually large doses.

A large intravenous injection produces a *rush*—a sudden, overwhelming euphoria.

Ordinary dosages usually affect people for three or four hours. Abusers, however, may begin with a massive intravenous dose and take more every

few hours to maintain a *run.* Some stay awake and high for as long as 72 hours before *crashing,* i.e., sinking into a long sleep, usually followed by depression. Chronic high-dose oral users may stay high for several weeks, sleeping only occasionally.

The physical risks of frequent and heavy use include weakness, skin trouble, nutritional problems, ulcers, pneumonia, and convulsions. Serum hepatitis, sometimes a result of using unsterilized needles, can cause permanent liver damage that may produce chronic illness and premature death. Particularly large doses of amphetamines occasionally cause death from cerebral hemorrhage or cardiovascular collapse. Use of amphetamines to increase stamina may impose strain on systems of the body by artificially prolonging stress.

When taken as usually prescribed, tolerance to amphetamines builds up slowly. With larger doses, it develops more rapidly. Soon it takes more amphetamine to produce the same effect. Some people increase their doses still more to heighten the experience. Those who inject amphetamines are especially likely to become dependent. Some develop a *needle habit*—dependence on the act of injecting.

DEPRESSANTS

The second general classification of mind-altering substances are the depressants. They include all drugs which depress or decrease bodily activity.

Alcohol is the most commonly used depressant. Although alcohol may seem to act like a *stimulant* in some people, it, like general anesthetics, like barbiturates and other sedatives to which it is biologically equivalent, and like narcotics, is a primary depressant of the central nervous system.

When injected locally, alcohol blocks nerve conduction and hence is sometimes used for the treatment of severe nerve pain. The drug has little effect on the heart or blood vessels and specifically does not dilate coronary arteries as commonly believed. Ingestion of alcohol brings about heat loss by the body and a fall in temperature, which means among other things, that if taken in cold weather with the objective of getting warm, it will actually make the person colder. Salivary and gastric secretions are strongly stimulated, and higher concentrations of the drug in distilled beverages irritate the lining of the stomach, produce inflammation and, if continued, gastritis or ulcer. Alcohol brings about an accumulation of fat in the liver leading over a period of time to impaired liver function, possibly related to the development of the hepatic cirrhosis seen in alcoholism. Urine production is increased. The amount of circulating epinephrine and norepinephrine is increased by even moderate consumption, and this in turn may be responsible for the observed increase in blood sugar, dilation of the eye pupils, and modest increase in blood pressure observed with ordinary consumption of the drug.

The portion of the body that is most affected by alcohol is the central nervous system, particularly the reticular activating system which is responsible for coordinating the complex activities of the different regions of the brain and nervous system; it seems secondarily to depress the frontal cortex of the brain. This dual action results in disorganization and disruption of ordinary thought and motor activity. Judgment, memory, reasoning, self-control, speech, and mood are all affected.

As measured by a variety of tests, efficiency with either mental or physical tasks is decreased with the exception of some situations with certain individuals who have inhibitions which impede optimum performance and which are diminished by alcohol.

Alcohol can be a source of caloric energy for the body, but one without proteins, vitamins, and other essential elements, thereby leading to malnutrition, vitamin deficiency diseases, and cirrhosis. Psychological dependency commonly develops with regular use of the drug and both tolerance and physical dependency occur with daily heavy use.

Approximately 90 million Americans are users of the drug alcohol, including three-fourths of all adults of all socio-economic and occupational groups. It has been estimated that 90 percent of college students are users of alcohol.

The **barbiturate** family includes many different drugs. The most common barbiturate preparations are phenobarbital (luminal), amytal, nembutal, seconal, and combinations of these such as tuinal.

In medical practice, barbiturates are used to treat insomnia, anxiety, nervous tension, and epilepsy. Barbiturates are also used and abused by people who want to experience effects similar to those produced by large doses of alcohol, such as euphoria and relief from daily worries or concerns. A person who is *high* on barbiturates will exhibit many of the same symptoms as a drunk.

Barbiturates are white powders produced in the form of capsules which come in many different colors and sizes. They are also available in tablets, ampoules, suppositories, or in solution.

Barbiturates are usually taken by mouth, but may be taken rectally or injected.

Generally speaking, a small dose will produce calmness, relieve anxiety and tension, and relax muscles. The effects of slightly larger doses resemble those of alcohol intoxication: if a person taking them is kept awake in a social setting, there will be slurred speech, staggering gait, sluggish reac-

tions, exaggerated emotional states, and sometimes irritability and hostility. Some users experience a high degree of euphoria. In a quiet setting, such a dose produces sleep. Much larger doses produce anesthesia. With fatal doses, there is respiratory failure.

Prescribed doses of long-acting barbiturates affect most people for about eight to twelve hours. Effects of prescribed doses of short-acting barbiturates will last about four to six hours.

Barbiturates can induce both psychological and physical dependence. In a physically dependent barbiturate abuser, abrupt withdrawal is extremely dangerous. In the first eight to twelve hours of withdrawal the user may seem to improve. Very severe symptoms can develop followed by delirium, hallucinations, and extreme depression followed by exhaustion. Sudden withdrawal from heavy use of barbiturates can cause death.

Narcotics, in the minds of most Americans, are the most *dangerous* group of depressants. Narcotics consist of opiates and opioids, meaning opium, its derivatives and synthetic equivalents. These drugs are used mainly in medicine as analgesics, i.e., pain relievers, but also for several other important medical purposes.

Although opium has been used for thousands of years for both medical and psychological effects, it was not until the mid-nineteenth century that its use became widespread in medical practice around the world. Chemically it is an alkaloid, and its neurophysiological, biochemical, pharmacological, behavioral, and sociological effects have been more studied than any other drug, mind-altering or otherwise.

The effect of morphine has been the subject of much study since it was first isolated from opium in 1800. In addition to what is known about the complexities of its mind-altering ability—its ability to affect the underlying personality and mood—its ability to modify pain is an additional determinant in its use. With average doses of morphine used for relieving pain (about ten milligrams) euphoria occurs along with the cessation of the pain. The same dose given to an individual without pain may produce a lowering of mood and anxiety. Most kinds of pain are relieved without interfering with other sensory modalities, such as sight and hearing, but some *clouding* of consciousness occurs, with drowsiness, loss of energy, nausea, and sometimes loss of appetite. With larger doses sleep is produced and respiratory depression becomes pronounced. This effect on respiration is the most serious potential toxic effect of excessive doses of morphine or its chemical relatives such as heroin. Unlike barbiturates or general anesthetics, the narcotics do not have anti-convulsant effects and do not produce the impaired coordination seen with alcohol or barbiturates. Other effects of the drug include a decrease in urine production, a mild decrease in body temperature, constriction of the pupil, suppression of cough, and dilation of the blood vessels of the skin with accompanying sweating and itching.

Morphine and the other opiates are absorbed from the gastrointestinal tract but in a manner so variable that they are almost always given by injection, usually subcutaneously (under the skin).

Heroin is a narcotic drug that has long had a fearsome reputation. Pushers sell the fine tan powder in cellophane bags called *glacines*. Some individuals begin using it by *snorting* the grains into their noses through straws or glass tubes. More commonly, users melt the powder by holding it over a match or candle in a *cooker*—a spoon or bottle cap. They can then *shoot* the dose directly into the vein (mainline) with a hypodermic needle, producing a *rush* of excitement that is sometimes described as akin to sexual orgasm. Within a few minutes, the effects of the regular heroin *high* set in: feelings of physical warmth, peace, and increased self-confidence. Large doses can sufficiently slow bodily functions to cause death.

A person on heroin—or any of the opiate drugs—develops the familiar symptoms of physical dependence: tolerance and withdrawal. Although doctors report rare cases of occasional users who do not develop a heroin habit, a large majority of all people who try it on any regular basis become physically dependent.

MISCELLANEOUS DRUGS

The third general classification we are interested in composes the **mixed effect or miscellaneous** drugs. We will look at hallucinogens, volatile substances and marijuana. One introductory statement that should be made about the pharmacological aspects of the so-called hallucinogenic drugs like LSD, mescaline, psilocybin, etc., is that little is known about their exact action within the human body.

LSD or d-lysergic acid diethylamide is an extremely powerful mind-altering drug that is synthetically manufactured. LSD is 4,000 times more powerful than any other drug in its family of hallucinogens. Seventy-five micrograms (.000075 grams), an amount almost invisible to the naked eye, will produce a mild experience in most people. The tremendous potency of LSD can be dramatized by pointing out that the *normal* dosage level is 100 to 250 micrograms so that an amount of LSD equivalent to two aspirin tablets would provide 100-microgram doses for 6,500 individuals.

Tolerance develops rapidly to LSD if used daily (a highly unusual pattern of use). There is cross-tolerance to mescaline and psilocybin, and this tolerance rapidly disappears when the drug is discontinued. There is no physical dependence, and psychological dependence, as it is understood with the other mind-altering drugs, would be much less common with the LSD group.

There have been no deaths or damage to body organs from the direct physical effects of LSD even with large doses or chronic use. Its significance lies mainly in the quantitative dimension, that is, in the intensity and pervasiveness of its perceptual and psychological effects on the central nervous system.

It is appropriate before discussing them to point out again that there are no uniform, reliable effects in all individuals. The effects are highly dependent on the dose, the physiological and psychological state of the individual, the setting in which it is taken, the tasks set for and by the individuals, the reasons why he took the drug, his expectations, and the expectations of the person who administered the drug.

It is a highly personal experience. With this caution in mind, we can describe a number of general characteristics of the experience. Perceptual changes may be dramatic. Of all the senses, vision seems to be most affected. Objects and patterns may seem to come alive, shift and become wavy. Colors may seem very vivid, intense and beautiful. White light may seem much brighter with numerous colors surrounding it. Colors may be experienced as emotionally meaningful. Depth and figure-ground relationships are altered so that texture becomes important and fascinating. Taste, smell, hearing, and touch may seem more acute. The experience of listening to music may be richer than ever before. True hallucinations are relatively rare. Pseudo-hallucinations are frequent. Although the individual has a visual experience with no appropriate sensory cues, he is usually well aware of the fact that it is subjective and a result of the drug. The more structured of these experiences often consist of dream-like sequences or fantasies related to previous life experiences. They may be pleasant or horrible. Intensification of experience may be facilitated by the occurrence of synesthesia—the translation of one type of sensory experience into another. This may result in *hearing* or *feeling* light or color, *seeing* sounds, *feeling* music. Color may be emotion or mood.

Rapid shifts of emotion and extreme mood swings are common—with profound depression, anxiety, terror, euphoria, serenity, and ecstacy all occurring within the eight to fourteen hours of the *trip*. Suspiciousness or hostility may also develop.

Many individuals can think and function adequately when pressed to do so. They just prefer not to do so. Thoughts may move much more rapidly than usual, and the individual may find it very easy to deviate from normal logic and normal casual relationships. Past, present and future may become confused. There may be depersonalization and distortion of the body image reminiscent of Alice in Wonderland. Such distortion may be amusing or bizarre and frightening. Most experiences under LSD assume an increased sense of meaning and an increased sense of importance.

Proponents of LSD stress the powerful emotional and philosophical-religious impact of the experience. They see it as beneficial to the individual, and in the long run, to society. Opponents stress the bad effects, referred to by

proponents as side effects. There is no question that there are reactions which most people would consider bad. That these effects are in reality bad has been questioned. Some would argue that only people who have basic personality problems have bad trips and that bad experiences may be the basis of meaningful rebuilding or therapy.

Mescaline is the most active alkaloid found in the peyote cactus, a cucumber-like plant which is found in the Southwest. Mescaline is chemically related to amphetamine and has its most profound stimulating effect on the vision, which becomes more acute, allowing colors to seem more bright and profuse. The over-stimulation of the visual cortex results in wavering outlines and other distortions similar to those found with LSD.

The big difference between mescaline and LSD is that mescaline does not seem to provoke the rapid emotional changes often experienced with LSD. A feeling of peace and openness is a common experience. Because of this controlled trip and concern about chromosomal damage, mescaline has become very popular, more in demand than LSD. However, most of what is sold as mescaline is an hallucinogen such as LSD, or PCP (Phencyclidine), a veterinary anesthetic. The true mescaline trip lasts from four to twelve hours depending on the amount taken.

Psilocybin is a synthetically produced or naturally occuring hallucinogenic drug derived from mushrooms grown in Mexico. Taken orally, psilocybin can produce four to fourteen-hour trips that are similar to that of mescaline, but more visual.

Most of the chemicals referred to as **volatile substances** are not commonly classified as drugs at all. They include modeling glue, paint, paint thinners, gasoline, aerosol propellants, and many others. They are generally easy to obtain at prices even lower than those of marijuana; consequently, inhalation of volatile substances is often favored by youngsters junior high school age or younger. The physical effects of these substances vary considerably and are often not well documented.

Marijuana is the last, but certainly not the least, in our investigation of the pharmacology of mixed drugs. The active principle in marijuana is tetrahydrocannabinol (THC). Perhaps it is easier to categorize marijuana as to what it is not, instead of what it is.

Marijuana is not a narcotic; it is not a hallucinogen or psychedelic; and it is not a tranquilizer, although some aspects of its actions in some people are tranquilizing, sedating, psychedelic, intoxicating, and many other labels that could be applied. In terms of present knowledge, marijuana is best described as a mixed sedative-stimulant drug. Though not a narcotic, many drug laws still classify it as one, as a result of the limited knowledge of thirty years ago.

The once fearsome reputation of marijuana, based on alarmist attitudes of thirty years ago, are being reappraised. Though marijuana is not being dismissed as harmless, nevertheless it comes as a surprise to some adults that many authorities no longer consider it as significant a drug problem as some others which we have chosen to virtually ignore in spite of their mammoth proportions.

Marijuana itself is not a plant, but is a preparation of black and brown flakes—the dried and powdered flowers, stems and leaves of the female hemp plant, called *Cannabis sativa*. The active ingredients are contained in the resins which gather in the leaves and flowering tips of the plant. Strength varies widely with the climate and soil in which the plant was grown.

Presently in the United States the drug is used almost entirely by inhalation in the form of homemade cigarettes. The individual user on any given occasion usually smokes between a half and one cigarette, using a process of self-titration (regulation) to determine when the optimal effects have been achieved and then stopping. Heavier doses frequently produce a diminishing of the pleasurable sensations sought. The effects come on within a few minutes after smoking and 30 to 60 minutes after oral ingestion, lasting somewhere between two and four hours.

The main effects are on the brain, but there are also a mild increase in pulse rate and blood pressure, dryness of the mouth and throat (perhaps because of the irritating effect of smoke in general), reddened eyes, and increased appetite. No evidence has been found of damage to body organs from either short-term use or long-term use, and no deaths have occurred even with large doses. In ordinary doses, it acts on the brain and interacts with the mind to bring about in the average person mild euphoria, relaxation, increased flow of ideas, sometimes increased volubility and hilarity, and specific changes in the perception of time, with minutes sometimes seeming to be hours. With large doses, temporary illusions, hallucination, and personality disorganization can occur as with large doses of a number of other drugs detailed earlier. Psychological dependence can occur with regular use, but there is no physical dependence and probably no tolerance developed from use of the drug.

Marijuana users report lightness in the head, feelings of total relaxation, peacefulness and serenity, some loss of bodily coordination, intensified sensory perceptions, and a distortion of time. Inexperienced users and chronic abusers who smoke too much have reported swings of mood, between great joy and extreme anxiety, and hallucinations in which objects change shapes and colors, or unreal visions. Most authorities agree that marijuana has no inherent aphrodisic properties. In some users it can lower inhibitions and increase sensory pleasure. For others, it seems to numb the body and decrease sexual stimulation. Most authorities now believe that premarital sex is probably engaged in as a result of broad social mores and changing social attitudes rather than only as a result of drug use. Likewise, marijuana does not by itself stimulate crime and violence, although some violence-prone individuals use it. Authorities feel that persons under the influence of marijuana tend to be passive, more so than persons under the influence of alcohol.

A review of the anthropological and medical literature from around the world combined with the pre-prohibition experience in this country would indicate

that cannabin (marijuana) preparations might have potential usefulness in treating depression; anxiety and tension; poor appetite; headache and other forms of pain; possibly some symptoms of the withdrawal illness from alcohol or narcotics addiction; cough; impaired respiration, and hypertension. It may also be valuable as an investigative tool for understanding brain function; an accelerator of psychotherapy, and an antibiotic (the non-THC components of the plant).

The most serious effects of marijuana, aside from the possibility of psychological dependence, are indirect. Recent studies show that marijuana can affect an automobile driver's judgment in ways similar to the effects of alcohol. Thus, many researchers recommend that *if you smoke pot, don't drive*. Another indirect effect may also be considered serious, and that is—as the law now stands—you can get arrested for using it.

GLOSSARY OF MEDICAL/SCIENTIFIC TERMS*

Abstinence Syndrome
See withdrawal syndrome and physical dependence.

Acute
Of short duration and usually of relatively high intensity.

Addiction (drug)
An ambiguous term with various meanings in different situations. The concept usually implies a strong psychological dependence (or compulsion to use) and/or physical dependence (withdrawal symptoms in abstinence) and, often, a tendency to increase dose (tolerance).

Administration (drug)
The process of introducing a drug into the body (e.g., swallowed, inhaled, injected).

Adverse Reaction
A drug reaction which is unpleasant or harmful psychologically and/or physiologically.

Analgesic
Pain relieving.

Anesthesia
The loss of feeling or sensation, and may imply (with general anesthetics) a loss of consciousness.

Antagonist (drug)
A drug which blocks or counteracts certain effects of another drug.

Aphrodisiac
Sex-drive stimulating.

Blood Alcohol Level or Blood Alcohol Concentration
The concentration of alcohol in the blood (usually represented in percent by volume).

Cardiovascular
Pertaining to the heart and blood vessels.

Central Nervous System (CNS)
That portion of the nervous system consisting of the brain and spinal cord.

Chronic
Persisting over a long period of time.

Cognitive
Psychological processes involved in perception, thinking, reasoning, etc.

Cross-dependence
A condition in which one drug can prevent the withdrawal symptoms associated with physical dependence on a different drug.

Cross-tolerance
A condition in which tolerance developed to one drug results in a lessened response to another drug as well.

Delirium

A condition (usually of relatively short duration) characterized by excitement, confusion, incoherence, illusions, delusions and, sometimes hallucinations.

Dependence (drug)

A state of psychological and/or physical dependence on a drug following periodic or continued use of the drug. Specific characteristics of dependence usually vary depending on the particular drug in question. (See physical dependence and psychological dependence.)

Dependent (drug)

An individual who has developed dependence (physical and/or psychological) on a drug or group of drugs.

Depersonalization

A state in which a person's sense of his own (or his body's) "reality" or existence is weakened or lost.

Depressant

A drug which depresses the central nervous system. The terms "CNS depressant" and "sedative" are often used interchangeably.

Dose (or dosage)

The amount or quantity of drug administered.

Drug

Any substance that by its chemical nature alters structure or function in the living organism.

Euphoria

The exaggerated feeling of well-being, significance, and personal importance which is sought by individuals who utilize mind-altering drugs.

Habit-forming (drug)

A drug which may produce dependence (usually psychological) in certain users in certain circumstances. (Compare habituation.)

Habituation (drug)

Usually implies (1) a desire (but not a compulsion) to continue drug use, (2) little or no tolerance, (3) no physical dependence.

Hallucination

A sensory perception which is not based on an external physical stimulus. Pseudo- and true hallucinations are often distinguished: true hallucination includes the belief that the abnormal perception is physically real, while a pseudo-hallucination is recognized as being "unreal" or a distortion of normal perception (compare illusion). Hallucinogenic drugs usually produce pseudo-hallucinations rather than true hallucinations, although in acute psychotic drug reactions "reality contact" may be lost.

Hypnotic
Sleep inducing.

Illusion
A false or misinterpreted sensory impression. The individual is usually aware of the "unreal" qualities of the perception. (Compare delusion, hallucination.)

Inhalation
Inhalation is the practice of inhaling the fumes from airplane glue, gasoline, paint thinner, lighter fluid and other volatile hydrocarbons.

Intravenous (Injection)
The injection of a drug directly into a blood vein (usually with a hypodermic syringe).

Narcotics
Medically listed as a class of drugs which induce sleep and/or stupor and relieve pain. Narcotics include opiates, anesthetics, and others.

Non-medical Use of Drugs
Use which is not indicated (or justified) for generally accepted medical reasons, whether under medical supervision or not.

Opiates
A class of drugs which have the properties and actions of opium. They include opium itself, derivatives of opium, and synthetic opiate-like drugs not derived from opium.

Overdose (drug)
The administration of a quantity of drug larger than that desired or normally taken. Usually implies some adverse or toxic reaction.

Paranoia
A condition characterized by delusions of persecution and/or grandeur. In severe instances paranoia may be considered a sign of psychosis (e.g., paranoid schizophrenia).

Pharmacology
The scientific study of the effect of drugs on the living organism.

Physical Dependence
A physiological state of adaptation to continuous use of a drug (normally occurring after the development of tolerance) which results in a characteristic set of withdrawal symptoms (often called the abstinence syndrome) when administration of the drug is stopped.

Physiology
The scientific study of biological functions in the living organism.

Placebo
A substance without relevant pharmacological activity which is used in drug research to determine and control for the influence of the subject's motivation, expectations, etc. (e.g., his psychological set). A placebo effect is a reaction entirely due to the subject's set and setting rather than the pharmacological properties of the substance.

Poison
A drug in a quantity which exceeds the amount which the body can tolerate without damage or injury. Any substance can be poisonous if the dose is high enough. (Compare toxic.)

Potentiation
An overall effect of two drugs taken together which is greater than the sum of the effects of each drug taken alone.

Psychedelic
Refers to "mind-manifesting" or "consciousness-expanding." The term was invented to describe some of the effects of LSD and similar drugs.

Psychoactive
See psychotropic.

Psychological (or Psychic) Dependence
A condition in which a person depends upon something (e.g., a drug) for satisfaction or a feeling of well-being. Psychological dependence on a drug may vary in intensity from a mild preference to a strong craving or compulsion to use the drug. In severe cases, unpleasant psychological symptoms may develop if continued administration of the drug is stopped. (Compare physical dependence, habituation.)

Psychology
The scientific study of behavior and the mind.

Psychopharmacology
The scientific study of the (interaction) effect of drugs on psychological and behavioral activity.

Psychosis (Psychotic)
An ambiguous term with a variety of meanings. It has often been used to refer to any severe mental or behavioral disorder, although more specific applications usually also imply the presence of delusions or hallucinations and a general inability to test or evaluate external "reality." There is often considerable disagreement among authorities as to what exactly constitutes a psychotic state; the diagnosis is often highly subjective and may vary greatly among observers.

Psychotropic (or Psychoactive) Drugs
Those drugs which alter sensation, mood, consciousness or other psychological or behavioral functions.

Reverse-Tolerance
A condition in which the response to a certain dose of a drug increases with repeated use. (Compare tolerance.)

Schizophrenia
A group of psychotic disorders generally becoming manifest in late adolescence or early adulthood. (Contrary to popular belief, this term does not refer to "split-" or "dual-personality.")

Set
The psychological state or disposition of an individual which affects his subsequent drug experience. Such factors as the person's expectations, motivations and attitudes may be important factors in determining drug effects. (Compare setting.)

Setting
The circumstances or environment in which the drug experience occurs. It is usually a significant factor in determining drug effects. (Compare set.)

Stimulant

Agents which temporarily increase functional activity. Central nervous system stimulants are medically any agent that temporarily increases the activity of the central nervous system.

Synthesia

The perception of another sense than the one being stimulated (e.g., "hear" colors, "see" music).

Tolerance

A condition in which the response to a certain dose of a drug decreases with repeated use.

Toxic

A damaging or disrupting drug effect (often used to describe symptoms of poisoning). All drugs have toxic effects if the dose is high enough. (Compare poison.)

Withdrawal Syndrome (or Symptoms)

A characteristic set of adverse physiological (and psychological) symptoms which occur, after the development of physical dependence, when the regular administration of the drug is stopped (or its effect inhibited by an antagonist). Also called the abstinence syndrome. The characteristics of withdrawal vary with different drugs and with the individual patterns of use associated with the dependent. Severe instances of withdrawal symptoms may be fatal, especially with alcohol and barbiturates.

ALTERNATIVES TO DRUGS

From the Journal of Psychedelic Drugs
Vol. 3 (No. 2) - Spring, 1971

Level of Experience	Corresponding Motives: (Examples)	Possible Alternatives: (Examples)
Physical	Desire for physical satisfaction; physical relaxation; relief from sickness; desire for more energy; maintenance of physical dependency.	Athletics; dance; exercise; hiking; diet; health training; carpentry or outdoor work.
Sensory	Desire to stimulate sight, sound, touch, taste; need for sensual-sexual stimulation; desire to magnify sensorium.	Sensory awareness training; sky diving; experiencing sensory beauty of nature; scuba diving.
Emotional	Relief from psychological pain; attempt to solve personal perplexities; relief from bad mood; escape from anxiety; desire for emotional insight; liberation of feeling; emotional relaxation.	Competent individual counseling; well-run group therapy; instruction in psychology of personal development; psychodrama.
Interpersonal	To gain peer acceptance; to break through interpersonal barriers; to communicate, especially non-verbally; defiance of authority figures; cement two-person relationships; relaxation of interpersonal inhibition; solve interpersonal hangups.	Expertly managed sensitivity and encounter groups; well-run group therapy; instruction in social customs; confidence training; social-interpersonal counseling; emphasis on assisting others in distress via education; marriage.
Social (including Socio-Cultural and Environmental)	To promote social change; to find identifiable subculture; to tune out intolerable environmental conditions, e.g., poverty; changing awareness of the masses.	Social service; community action in positive social change; helping the poor, aged, infirm, young; tutoring handicapped; ecology action.
Political	To promote political change; to identify with anti-establishment subgroup; to change drug legislation; out of desperation with the socio-political order; to gain wealth or affluence or power.	Political service; political action; non-partisan projects such as ecological lobbying; field work with politicians and public officials.
Intellectual	To escape mental boredom; out of intellectual curiosity; to solve cognitive problems; to gain new understanding in the world of ideas; to study better; to research one's own awareness; for science.	Intellectual excitement through reading, through discussion; creative games and puzzles; self-hypnosis; training in concentration; synectics training in intellectual breakthroughs; memory training.
Creative-Aesthetic	To improve creativity in the arts; to enhance enjoyment of art already produced, e.g., music; to enjoy imaginative mental productions.	Non-graded instruction in producing and/or appreciating art, music, drama, crafts, handiwork, cooking, sewing, gardening, writing, singing, etc.
Philosophical	To discover meaningful values; to grasp the nature of the universe; to find meaning in life; to help establish personal identity; to organize a belief structure.	Discussions, seminars, courses in the meaning of life; study of ethics, morality, the nature of reality, relevant philosophical literature; guided exploration of value systems.
Spiritual-Mystical	To transcend orthodox religion; to develop spiritual insights; to reach higher levels of consciousness; to have Divine Visions; to communicate with God; to augment yogic practices; to get a spiritual shortcut; to attain enlightenment; to attain spiritual powers.	Exposure to non-chemical methods of spiritual development; study of world religions; introduction to applied mysticism, meditation, yogic techniques.
Miscellaneous	Adventure, risk, drama, kicks, unexpressed motives; pro-drug general attitudes, etc.	Outward Bound survival training; combinations of alternatives above; pronaturalness attitudes; brain-wave training; meaningful employment, etc.

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NATIONAL INSTITUTE ON DRUG ABUSE

A FAMILY RESPONSE TO THE DRUG PROBLEM:

GROUP FACILITATOR GUIDELINES

CG 01 2343

A FAMILY RESPONSE TO THE DRUG PROBLEM

A Family Program for the Prevention of Chemical Dependence

GROUP FACILITATOR GUIDELINES

FIND

(Families Involved in Nurture and Development)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration
NATIONAL INSTITUTE ON DRUG ABUSE
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Group Facilitator Guidelines

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PREFACE

Included here is just a word about the rationale for the use of volunteer Group Facilitators rather than expert discussion leaders. As stated by Carl F. Hereford, Ph.D., and Wayne H. Holtzman, Ph.D., in a booklet developed for volunteer discussion leaders, *Leading Group Discussions*,

> The use of non-professional leaders and the group discussion method provides several unique advantages. First, it permits carrying out an extensive educational program with a minimum of professional time that is in such critical shortage. Second, the discussion method permits active participation by parents instead of the passivity inherent in programs that consist only of lectures, articles, TV programs, etc. Finally, and perhaps most important, the removal of the "expert" throws the group on its own resources, increases indentification with the group, and helps the parent to feel that the knowledge, decisions, and gains of the group are really "the person's".

Until a man has learned to listen he has no business teaching: until he realizes that every man has something of truth and wisdom to offer, he doesnot begin to learn.

It is only when he sees how each of his fellows surpasses him that a man begins to be wise; to himself and to his fellow men.

ESL 123

A leader is best when people barely know he exists,
Not so good when people obey and acclaim him,
Worst when people despise him.
Fail to honor people, they fail to honor you.
But of a good leader, who talks little,
When his work is done, his aim fulfilled,
They will all say, "We did it ourselves."

Lao-tze

TO LIVE IS TO CHANGE
AND TO BE PERFECT
IS TO HAVE CHANGED OFTEN
NEWMAN

LEADERS ARE HUMAN TOO . . .

These guidelines have been created with the intent of helping you to feel more comfortable in your role as a Group Facilitator. They are not intended to prepare you to be an "expert" discussion leader, nor are you expected to be an expert. Rather, they are included as a means of support to you, a stimulus for ideas, and a reference to you as your group progresses. They are meant to help you build a group where participants are honest with each other because they sense a climate of acceptance . . . where they trust each other enough to risk expressing their feelings, thoughts and ideas. . . and where they contribute more to their common growth each time they meet.

CARE is a beautiful thing..

YOUR TASKS AS A GROUP FACILITATOR:

To help your group talk honestly and openly about their prejudices, their "hangups", their forthright views on all aspects of drug use and family responsibilities.

To help your group accept the difficulties that any group of parents has as it turns and faces the problems of potential drug experimentation and/or substance dependency among themselves and their children. The *FIND* program is designed to distinguish between myths and realities. It is your task (and one of the most difficult ones you'll have) to allow each member an opportunity to develop an understanding of certain principles essential to minimizing the consequences of drug involvement. One of the ways to do this is by really talking through personal feelings. Another is to help each participant think through the societal involvement in drugs which each of us helps to perpetuate.

To stimulate your group on a personal basis or collectively, to become involved in school and community programs that seek to develop healthy family life as an alternative to the drug experience.

As your group matures, it will gradually learn how much each participant gains from other members of the group. And they'll learn how good it feels to contribute to the movement of the group.

There is nothing more important in building your group than to help mem-

bers understand that the process they're going through can help get them ready to deal effectively with drug-related situations.

The program material will give the group educational information, sensitizing experiences and opportunities to learn about ways to apply what has been learned. All three of these parts make up a process through which the group can grow in its own awareness and determine its own action.

Time may very well be your big problem. Each participant is asked to attend six, two-hour sessions. Ideally, the group should be together for an even longer amount of time. You may find that your group wants to spend more than two hours at each session. Fine. But try and cover the techniques and tools outlined in your schedule for each session. Then if the group wants to discuss something again or move into new areas, keep going beyond the deadline.

YOU ARE THE MODEL FOR BEHAVIOR

As a facilitator you should be the model for the behavior of your group. Your leadership should model the attitude that you are trying to bring out in each participant. When the going gets tough, you can be the agent of reconciliation.

You set the tone for the group working together. If you're negative, chances are your group will be, too. As you note areas for agreement and for moving ahead, stress these. Try and direct the group realistically, but positively. You must be the one to start things. If you withdraw and do not say anything, then probably nobody else will start. You must be someone who is willing to talk about limitations and strengths. If you do not, others may not.

You should not make decisions for the group, but help it to manage itself so that it can make its own decisions.

Your group, for example, might want to keep a discussion about young people's attitudes toward marijuana on the idea level. They may want to deal with it in the abstract, rather than personally. In this case, you should try to set a model for personal feeling by talking about your feelings about marijuana. For example, how do you feel about the young people who may have introduced marijuana to your children?

FOCUS ON FEELINGS

In using the tools of the program, you'll find many chances to focus on feelings. For example, when viewing a film, or listening to a tape try not to focus attention only on the events of the film or tape but also on how the group feels about these events. How do they relate to their own personal experiences? One way to deal with dogmatic opinions is to use analogies from one's own experiences such as unfair treatment as a child, as a parent, or the way someone was mistreated in a job. You might relate how you used emotional language in talking about your experiences when you were mistreated. Illustrate how feelings built up in your mind and caused frustration until you had a chance to talk them over frankly and openly. What people feel is at least as important as what they think. You don't have to lecture, but you should look for opportunities to state your own feelings as an aid to encouraging members of your group to do the same.

Your group needs to discover how deep its prejudices lie in order to begin to change these prejudices. They won't just fade away. The purpose of "feeling" discussions is to indicate the magnitude of a painful and complex situation in which we are all involved. For many groups, this will be the beginning of an understanding of the challenge which drug abuse poses to our society. People are conditioned by mass media, family, and social associations that make them behave in certain ways. Our feelings show the depth or lack of depth of our personal involvement with other people. They also show the degree to which we can empathize with the problems of another person.

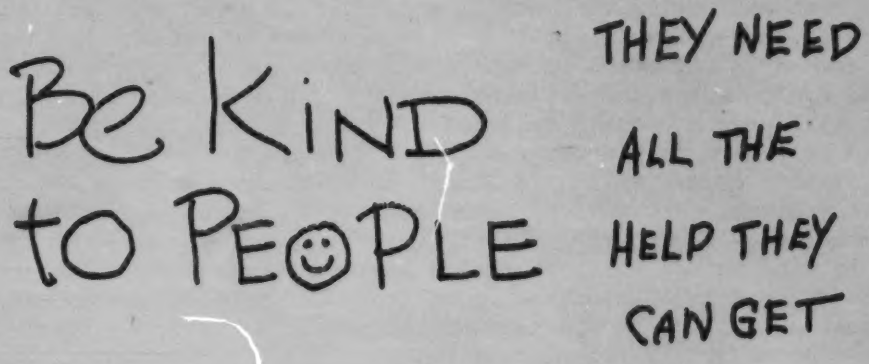
Remember: The most important task you'll have as a leader is to create an openness to share feelings.

HELP SET GROUP GOALS

At your first session make sure that participants know each other by name. You might start by asking each participant why they have come to the meeting and what they hope to learn from the sessions. Then you might talk about the general goals of the program, as you see them. From there try to get each participant to follow with specific suggestions about how to achieve these goals. It works well to list each suggestion, under titles, "Why you have come?", "Goals", etc.. It is important for your group to establish a relationship to one another at the beginning. Members will then know where they stand in relationship to each other. This way, they'll be less likely to dominate if the rules of participation are proposed and

agreed upon from the start. The following rules will help build a foundation for the positive and creative learning in your group. Try to:

1. Share ideas and feelings about what you have experienced.
2. Listen to each other. . . build on and react to each other's comments.
3. Discover an awareness of one's own personal feelings and share these feelings with others.
4. Recognize and accept other people's feelings.
5. Summarize the feelings and ideas of your group.
6. Explore whether feelings do or don't relate to the reality of the topic being discussed.
7. Summarize the discussion in order to stress main points and then move on to discuss what this means in terms of applying what has been learned.
8. Explore what can be done about this new awareness gained and help the group move toward a commitment to do something about it.



GETTING PARTICIPATION

The following are three ways that will help the leader get the conversation moving on a positive track.

1. Share--Establish a contract on the basis of the rules established that each member of the group will share his feelings with the others.

2. Walk in the other person's shoes--Ask group members to identify with both sides of a question or problem. For example: Express the ideas of a teenager who lives in a home where medicine solves "all problems". Explore the feelings of the parents when their daughter tells them that marijuana is better than "all this medicine".

3. Establish a range of attitudes toward drug-related situations--Each group would create its own, but it might read like this:

   a. I would like to experiment with marijuana myself if it were not illegal.

   b. I enjoy relaxing with a martini before dinner every night.

   c. I don't know if I would report my son to the police if I discovered he was using illegal drugs.

   d. I would not permit my teenage daughter to smoke cigarettes.

   e. I don't trust "hippie" types. They are all involved with drugs.

   f. I think there should be stronger enforcement of laws controlling the free use of over-the-counter drugs.

Now go back and review the various attitudes of group members toward the particular drug-related situation that you have selected. For instance, let's look at a situation such as the first one described above: "I would like to experiment with marijuana myself if it were not illegal." Many groups will have a dynamic range of attitudes among group members, ranging from those who readily agree with the statement to those who strongly disagree. Other groups will have almost total disagreement; a few may have total agreement. Ask several group members to defend the attitude on this statement that is opposite to their own attitude and allow the rest of the group to discuss how well their side was represented. Through this simple exercise, strongly opinionated group members can be helped to understand an opposing attitude and respect an individual's right to disagree without having a breakdown in communication.

BE SUPPORTIVE AND ACCEPTING

Be accepting of the weaknesses and supportive of all the strengths of participants. If some member of the group is intolerant of the limitations

of another member, you can point out to him that he is closing out people in the same way that many people prejudge any user of drugs.

When a person expresses dogmatic feelings, the solution is not to punish him for this but to work through with him a resolution of these attitudes. You should encourage participants to constructively help the person who expresses such experiences and feelings.

SKILLS FOR FACILITATING DISCUSSION

This section aims to identify the skills of facilitating discussion in successful meetings and to help you use them with ease. You will not be shown a single"perfect"way of facilitating group discussion. Instead you will learn to use a few basic rules and apply them in your own individual way.

Skills in facilitating discussion lie primarily in two broad areas:

1. Listening and
2. Clarifying (making clear).

The facilitator who skillfully listens encourages the group to talk and make suggestions freely--producing the real fruit of a meeting. By clarifying, he guides the entire meeting toward its goal and spotlights the results.

The facilitator who handles a discussion with real skill brings the full powers of the group to bear on accomplishing the goal.

The technique for facilitating a successful meeting is divided into four simple steps. Accomplishing each step requires two specific skills.

STEPS	SKILLS
1. Outline the subject	a. Opening statement b. Lead-off question
2. Encourage discussion	a. Listening responses b. Open, pull-in questions
3. Summarize and check using key thoughts	a. Summary statement b. Check questions with listening responses
4. Meeting closing	a. Knowledge of the program b. Personal enthusiasm for the group and its quality

These four steps give you a simple outline to follow in the meeting situation. Within this basic framework you can learn to develop real skill in facilitating group meetings.

There are no time values for any of the four steps. They can be used equally well in a 10-minute or a 2-hour meeting.

1. Outline the Subject

   a. Opening Statement
   Prepared by the facilitator before the meeting.
   Sets the tone and general boundaries of the subject for discussion.
   Gives the group all of the subject matters.
   Presented to the group in language used in normal conversation.
   Presented to the entire group by the facilitator, looking at each person as he speaks.
   briefly
   slowly
   clearly.
   Can be an outline.

PAUSE BEFORE

   b. Lead-off Question
   Is an invitation to any person in the group to present his ideas.

   Questions can be phrased in one of two ways:
   (1) As *open* questions; or
   (2) As *closed* questions.

   OPEN: Questions are *open* when phrased so that they cannot be answered "yes" or "no". For example, "How do you feel about this?"

   CLOSED: Questions are *closed* when phrased so that they can be answered "yes" or "no". For example, "Do you feel this is fair?"

OPEN	CLOSED
Who	Is
What	Has
When	Do
Where	Can
Why	Will
Which	Shall
How	

2. Encourage Discussion

a. Listening Responses
A very brief comment or action directed to another person; it suggests that you are interested, attentive and wish him to continue.
Made quietly and briefly so as not to interfere with the speaker's train of thought.
Is usually used when the speaker pauses.

TYPES

1) Nod	Nodding the head slightly and waiting. Silence encourages further comment.
2) Pause	Looking at the speaker expectantly without doing or saying anything.
3) Casual Remark	"I see", "Uh huh","Is that so", "That's interesting", etc.
4) Echo	Repeating back the last few words the speaker said.
5) Mirror	Reflecting back to the speaker your understanding of what he has just said ("You feel that...", "What I hear you saying is...").

b. Open, Pull-in Questions
It's easier for some folks to talk in groups than it is for others. Many times, however, the people who are afraid to speak up have great ideas. REMEMBER, PEOPLE WHO TAKE PART HAVE A PERSONAL STAKE IN THE SUBJECT. Using *open* questions:
Look for people who are not talking. Ask them for their ideas and opinions. Compliment those people who have made comments, especially shy people. Don't be afraid of silences, and feel that you must fill every silence with words. Count silently and slowly to ten while looking around the group and usually someone will speak up and talk will begin again.

3. Summarize and Check using Key Thoughts

Important: Most key thoughts which you will find useful develop naturally in the discussion. You don't have to dig for them or do any lecturing--just LISTEN!

Reason for Use: Fuller understanding
Important facts developed
Lead toward conclusion

Get members thinking
Encourages discussion of the subject

Definition: An idea, opinion or experience which is expressed by the speaker and appears to the facilitator to have an important relation to the discussion topic.
The facilitator will want to remember and write down this thought for use later in summarizing.
Key thoughts are hidden in casual comments or very brief references.

It is essential to the success of the meeting to summarize its main points and to check whether they are understood and accepted by the group.

a. Summary Statement
At this point, the real accomplishments of the meeting are put in clear focus. If the leader handles the summary well, the main points of the meeting will stand out clearly and distinctly.
The summary statement is done by:
Using short, simple phrases or sentences
Making pauses between points
Introducing no new thoughts
Speaking slowly.

b. Check Questions with Listening Responses
This step tends to reduce misunderstanding and bring the group more nearly together in its thinking. Without this check, the facilitator never really knows what has been communicated within the group.

If check questions are to work as true checks of understanding and concensus, questions should be open.

Some open-type questions suitable for checking purposes:
How does this sound to you?
What's your thinking about this?
How do you feel about this?
Where do we stand on this now?
What does this look like now?

4. Meeting Closing
To help the group maintain its interest and prepare them for the next meeting, a short, concise statement is needed, telling:
Day, date, time and place of the next meeting.
Steps participants need to take between meetings to be ready to participate in the next meeting.

Material to be discussed at the next meeting.
Glad you were all here--look forward to the next meeting.

GROUP PROBLEMS-AND HOW TO HANDLE THEM

a. The Hostile, the Quiet, or the Dominating Person: Confront them in a positive way. Handle the hostile person constructively. You might respond to the hostile person's statement by saying, "I don't think this is in keeping with the agreed upon goals of the group. What do others of you think?" Or, "Mr. S. has been talking most of the time. Does our silence mean that we really agree with him? If not, how would we disagree? What are the things that we do agree with him on?"

   For the quiet person, the leader might say: "We haven't heard from X who has been participating by listening but hasn't said anything." Or, "A couple of members have done most of the talking. Let's hear what others have to say."

b. The Defensive Person: Denial of defensiveness is a very natural reaction. When people are forced to give up almost completely what they believe in, or are made to feel guilty, or "not with it", their natural tendency is to deny what is happening or to be defensive. When this happens, you can counter it by talking about your own feelings of defensiveness in order to illustrate to the group the phenomenon of defensiveness. You might show this, for example, by expressing the fact that you tend to answer questions in an authoritarian manner when you are not sure of your ground. This is your way of covering for what you don't know. This way, through your own example, you can help to bring the defensive behaviour of a group member out into the open and deal with what is causing this kind of reaction.

c. The Struggle for Leadership: Some people may want to reduce your leadership, making you simply a participant in the group. Others will want you to initiate all the action and behaviour. You will do best if you establish your position at the beginning: You might say, "I'm no more of an authority than you are on this subject. The only difference between you and me is that it's my job to keep the discussion going and to help all of us provoke, accept, and work to produce the best thinking that this group can create."

You will have to achieve a balance between being the model who initiates action, and enabling the group to respond with full participation. You don't want to *over-initiate* which could leave you standing alone without the group working with you. This is something that each leader has to work out, depending on the nature of his group. You should not neglect opportunities before and after meetings to talk through questions with those who have been quiet, overly aggressive, puzzled, or indifferent.

group needs

BUILDING RELATIONSHIPS BETWEEN GROUP MEMBERS

A. Re-Focus of Discussion: Be prepared to switch from one aspect of a general discussion to another. Do not stay on one topic to the point where the group begins to lose interest. Switch to another area, for example: "We have't talked about this area of the tape yet."

B. Be Aware of Physical Movements: Notice physical movements, body posture, and facial expressions of members of your group. Take time to observe how people are responding to whomever is speaking. Normally, verbal expression and body movement will be in harmony. If not, you might suggest that you sense a contradiction between what the person is thinking and what he is saying or how he is saying it. This might be a good way to raise questions in the group. Facial expressions are good indicators of the interest level of the group.

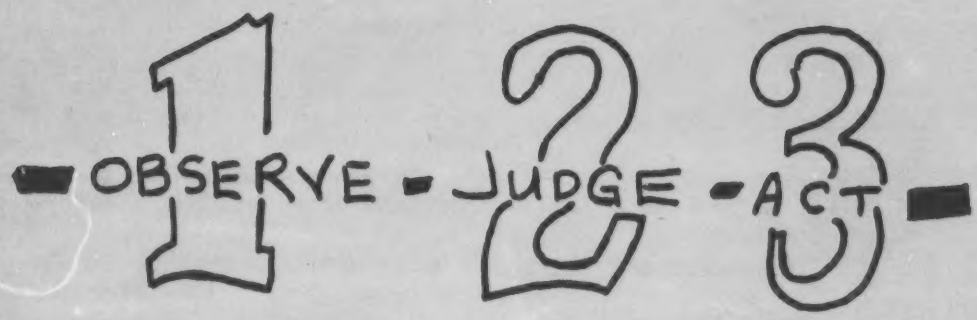
C. Try to Create Relationships: As the leader, your primary commitment is not to build your own stature, but relationships between group members. It is important to build bonds of involvement with one or two members of the group. Make sure that A really agrees with B if she says she does. Maybe she is just agreeing with B in order to eliminate her point and push her own position ahead. If you can show that C and D's commitments are similar, then that will help build an involvement between them and will strengthen the entire group. Some types of questions that help to build lines of relationships are: "Why is A interested in B's suggestion." "Why do C and D feel similarly about this?" "I sense that P's ideas are not as popular with the group as L's. Am I right?" "Why is that the case?"

D. Stress the Origins of Prejudice While Working Out Tasks: Be prepared to see that the discussion leading to action is positive. Help participants understand some of the negative origins of their own feelings. Members can come through the group experience seeing how prejudice begins within themselves. They may then be able to see that the way in which they relate to this group says something about the way in which they relate to strangers, to people who disagree with them, and to their own children.

Help participants:

1. Grow in understanding of themselves.
2. Make commitments to act on the basis of this new self-understanding.

An understanding of oneself and commitment to action are integrally related.



METHODOLOGY OF PROGRAM

When a mechanic starts to work on a machine he needs knowledge and tools. When we start to look at substance dependence and abuse in our families and community we need *information* and *tools*—an orderly means of using facts which can stimulate us to action. We call our basic *tool* the Social Inquiry--a means of questioning our families and community, identifying our values, and deciding to make some changes.

The Social Inquiry has three parts: OBSERVE, JUDGE, and ACT. They are three parts of any reasonable action. We use this method daily. A doctor feels our pulse, takes a blood test, gives us an examination: he observes. After observing he judges: he would like to see his patient well, and these symptoms indicate a sickness which can be cured by this type of medicine. He acts: he prescribes medicine.

Let's take a look at each part of the inquiry.

OBSERVE

In the observe we ask, "What is the present situation?" We look and listen; we talk to people and find out what they think, what they feel, what they do, what exists. The observe makes us aware of reality.

In the observe we want three things: facts, causes, effects.

We want facts, opinions, and feelings. This means we must talk to people, read the newspapers and books, listen to speakers. It means we

must keep our eyes and ears open. It is not helpful to make generalizations: "I think most young people go to taverns." It is helpful to collect facts: "I talked to fifteen college students and twelve said they go to lounges or taverns in the evening."

Discover the causes. What is creating this situation? What is contributing to this difficulty? One of the best ways to eliminate a problem is to remove the cause. If cars are wrecked because there is a bump in the road, remove the bump. If Johnny leaves the house every night because of constant family fighting, seek help and make changes for family harmony. Unless we clear up the causes, we shall never solve the problems.

Discover the effects. What is happening as a result of this problem? Is your family using more and more medicine? What is happening to youth because of the "drug problem" in the neighborhood school? What are my fears?

In summary, when we have observed well, we will know these three things well: facts, causes, and effects.

JUDGE

Here we ask the question: "What do we want it to be?" We compare the existing situation (the facts, causes, and effects or consequences in the OBSERVE) with:

a. our family value system.
b. what authorities on the subject (parents, local and federal government studies, church leaders, teachers) express.
c. my own attitudes and value system.

In summary, you ask whether the existing situations are helpful or destructive to you and your families.

ACT (Task or Assignment)

This is the most important part of any change. Here we ask, "What can we do to change or at least improve the situation?"

When it is definite that there is a threatening situation, action must be taken to alleviate the problem. Actions can be manyfold:

a. Individual action: Each person decides one's personal action.
b. Family action: the parents ask their children to become involved in a project within the family or with other families.
c. Group action: the group members decide on a collective action which is aimed at helping to change or ease a particular situation.

When we find something that is a growth experience for our families, we can try to build on it.

We do not decide upon actions which are too big (i.e. "We will rebuild the city hall") or too general and vague (i.e. " We will do something this week.")

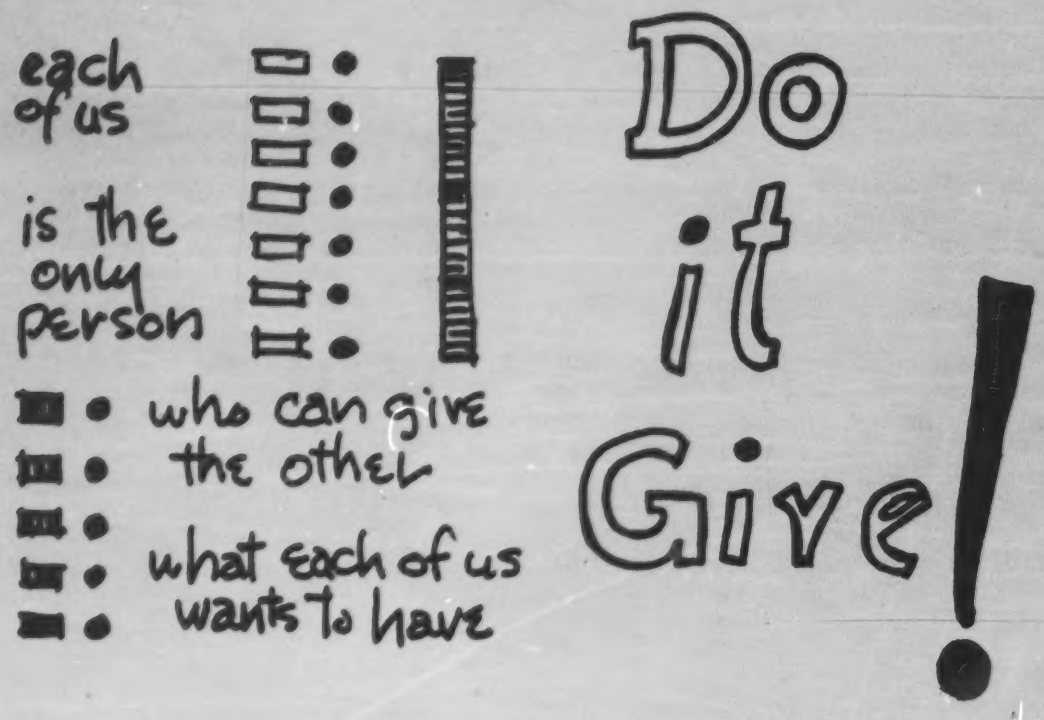
REFLECTING ON THE ACTION (Task)

The concept of reporting and reviewing tasks is an important one for the success of any program. Practically speaking, what this means is sitting down and taking a look at what the group has accomplished before going on to another topic or life situation. Evaluating how effective or ineffective a task has been leads to change and a feeling of success.

This section can be simple. Questions such as these may be helpful. "At our last session, it was suggested that each of us have a family meeting. What was your task? Did you do this?" "Did you change to another task?" "What resulted and how did you feel about it?" "What were the effects of this action on yourself? Marriage? Family? Other people?" "Have you made any discoveries as a result of this action?"

Our families are made up of people; therefore the family is a "factory" and parents are the "people makers." At times, the people makers need to check out their factory by meeting with the workers or by doing some tasks as a unit.

FIND is designed as a family program. There will be suggestions for family involvement. The families who participate in this family education program will have a chance to learn more about their families' feelings, needs, and patterns. Through family meetings and tasks, a family will be able to see just a "little bit more ice above the water".



DIFFERENT SECTIONS FOR THE VARIOUS MEETINGS

1. Getting Acquainted

The first session is a busy one. There will be lots to do. Read this section over completely, so you will get a *feel* of the evening. Remember that your job at this first session is to help the members of your group:

a. Become acquainted with one another.

b. Begin to communicate with one another about how individuals feel about themselves, their children, and the drug problem in their community.

Getting acquainted will be easy for some people, difficult for others. Expressing their feelings, ideas, prejudices and fears will be much more difficult for everybody, probably even yourself.

If everyone in your group already knows one another, well and good. If they don't, make sure that everyone gets to know everyone else by both their first and last names. Some will feel more comfortable at this first session in addressing others by a "Mr." or "Mrs." That's all right for now. Don't push to get the group acting informally if they don't want to. However, you can start to relax the group by using people's first names yourself. At the beginning it may help if you address your questions to individuals, rather than to the entire group.

2. Sharing the Goals

There are specific reasons why each person in your group has come to this session. The reasons are probably varied. Start the discussion by asking each person why he came to the meeting. . .what he thinks he might get from it. Some people may have fairly well-defined reasons for coming. Others are probably wondering why they even showed up. It's important to know these things. So let the discussion roll as it will.

After each has had a chance to talk, you might want to state the goals of the program, as you see them. Make these as clear as you can. You might want to start out with a background statement of the goals of the program such as this:

> *We're all parents of grade school children, participating in a six week program about parents, children and drugs. To date, experimentation or abuse of drugs by our children seems remote. But if our heads are not in the sand, we know that it may be quite a different picture when they get to junior and senior high school.*
>
> *For many of us this is a frustrating prospect because our own experience--and perhaps our knowledge of drugs--is limited. And there's something about the whole thing that is ominous and threatening.*
>
> *So we ask, what can we do? The extent and complexity of the problem right here in our community--let alone in the country--leaves us puzzled and confused.*
>
> *The sponsors of this program feel that while, in a greater or lesser degree, we are all a part of the problem, parents can play a unique role in working toward solutions. There is something we can do, particularly if we work together.*
>
> *So let's begin.*

. Facing Reality through a Reality Appraisal

Let's face it, talking about drugs brings up strong feelings these days. Not only are feelings strong, they're also conflicting. On one hand, people seem to get quite emotional. On the other, it's surprising how many "logical facts" many people seem to have to prove their point.

One of the ways to get people "broken open" to one another and to the issues of the program is to begin to face facts. That's what the Reality Appraisals are designed to do. The statements give each participant a chance to identify his or her attitudes toward drugs and family needs and values. Frank acceptance of different attitudes and feelings could be the method by which your group begins to work together to get its own answers.

4. Viewing (Optional)

The purpose of using films in this program is to stimulate discussion on the critical issues related to the topic for the session. Your job is to help the group discuss the facts and opinions brought out by the films and relate them to their own lives.

Good questions make for good discussions. Parase your statements in the form of specific questions as discussion continues. To start the discussion you might want to question along these lines:

What did you get out of the presentation?

What did you like or dislike about it?

What scene is the most vivid in your mind ... What part hit you the hardest? (None of it? Why not, do you think?)

Were you ever in a situation like those in the film?

What value did the program have for you? Did you get any new information or any new insights into your own attitudes or into the attitudes of others--young people, teachers, abusers of drugs, etc.?

What can you do with the insights, feelings or information that you have gained?

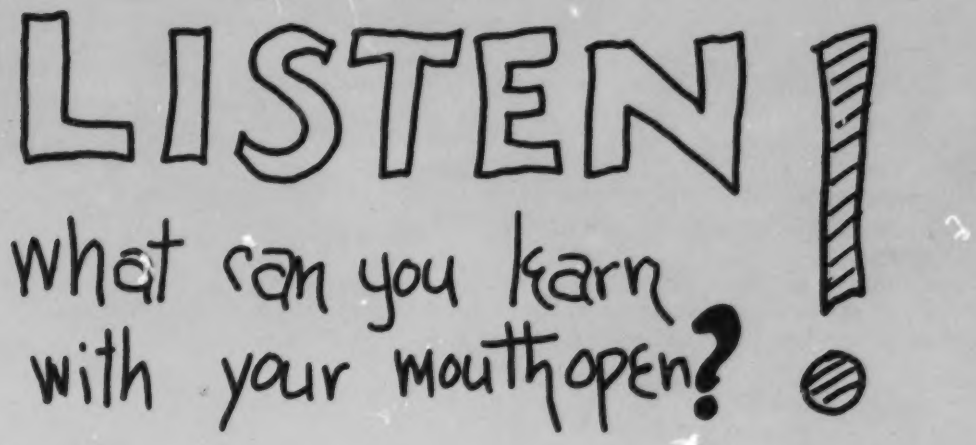
5. Listening

The purpose of listening to a speaker on tape or in person in this program is to add information which will add to the knowledge of the participants. Your job is to help the group discuss the facts and opinions

given by the speaker and relate them to their own lives.

As pointed out in "No. 4. Viewing", questions make for good discussion.

Since the information given via tape or a personal visit is important to the discussion of the group, we suggest that you create an atmosphere wherein the speaker can be easily heard. It would be worth your time to check a tape for its volume and audibility in advance of the meeting.



6. Role-Playing

Role-playing is a useful technique that will help your group understand how it feels to be someone else in a problem situation. It is introduced to give participants a chance to see what other people are forced to deal with in their everyday lives.

Role-playing gives us an opportunity to feel what it is like to be someone else. . . to be a member of a different religion, a different race, a different socioeconomic group.

Naturally, it is virtually impossible to divorce our own personality and experiences from the role we are playing. This is what makes role-playing an effective tool. We are forced to come to grips with our own prejudices and stereotyped attitudes which are uncovered as we act out how we think someone else would handle a real-life situation. Role-playing, therefore, will be a dramatic way in which members of your group will spontaneously act out a human relations problem. Following this, you will analyze together what happened during the playing out of roles.

In order for this technique to be effective, you should help your group avoid viewing the role-playing as a "game" or merely an "exercise". The more reality that is introduced into the situations, the more learning will take place.

There are five basic parts to role-playing:

1. Selecting the role-playing problem and setting up the "situation".

2. Selecting the role players, assigning the roles, and briefing the role players.

3. Acting out the situation.

4. Cutting it off at a point where the problem has been dramatized, but the solution or outcome is still uncertain.

5. Discussing and analyzing the role play.

a. Set up the "Situation"

1. Describe it verbally, to the group, or
2. Hand out written slips of paper describing it.

b. Assign the Roles

1. Three basic ways to do it
   a. "Draft" participants and assign roles arbitrarily.
   b. Allow participants to choose their own roles.
   c. Call for volunteers to participate, then assign roles at random. This is the preferred method.

2. Disadvantage of letting people choose their own role: they may choose one they are most comfortable with, hence learn the least; or they may choose one for which they feel really "loaded" and thus put on an act which distorts the learning process.

3. Avoid assigning roles because you think a person "needs" to learn something. The person may get suspicious that you are "zeroing in" on him for a reason and react negatively.

4. If you decide to invert male-female roles, it is probably best to be consistent with all of the roles, rather than to mix them with some design in mind. It may be better to either stick with male-male, female-female, or else let it be known that selection is completely random.

5. When you assign a role, identify it and describe it sufficiently to the participant so he or she knows the general type of behaviour that is to be depicted.

6. Observers usually seem to listen better if they are not told in advance who is playing what roles.

c. Play the Situation

Play the situation briefly--5 minutes may be long enough.

d. Cutting Off the Action

Knowing when to cut off the action, when the rest of the group has the facts and feelings of the situation, but not the "final answers", is a skill which you should work on. (Maybe you'd like to try some role-playing with your family or a few friends before your group experience.) If you let the scene go on too long, there will be very little left for the rest of the group to discuss and speculate upon. Cut off the scene when enough of the situation has been presented so the group can finish analyzing the problem and imagine what the conclusion might be.

Sit Long Talk Much

e. The Discussion

In analyzing each role-playing situation, your job is to keep the discussion on the original problem. Allow role players to discuss their feelings among themselves while observers

continue to listen. To get a discussion going, it's sometimes helpful to begin with questions such as these: "What occurred in this situation?" or, "What seemed to be the main problem?" or, "Why did you react as you did?" or, "How did you feel when...?" Usually, after an opening question or two the discussion takes care of itself.

Now allow the entire group to get involved in the discussion, both observers and players. If the situation is important to the group and the role-playing is convincing, the main problem may be to keep the group and role players from discussing all at once! Frequently the discussion will lead to replay of the scene with the same people or new role players. When members of the group feel that the problem might have been worked out differently, they generally need little encouragement from a leader to play the scene themselves.

Limit the discussion. Try to keep it focused on group learning. Guard against letting one turned-on individual take over the discussion and keep it going for an hour to meet his own needs.

Move on to the next part of the agenda. Don't get hung up.

7. Assigning the Tasks

Task assignments will be the last thing you'll discuss in each session. This could be good. The first thing to remember is this: Your task is to do whatever you can to get an agreement from each member or couple that they will do the task before the next meeting.

The task report is one of the first activities at the next meeting, allowing the thoughts or insights gained to be part of that evening's discussion.

8. Guest Speaker or Resource Person (Optional)

A guest speaker or resource person can make a real contribution to the group's understanding of what is happening in their own community. Your guest should, as a matter of courtesy, be told about the point in the sequence of meetings where the group is currently positioned. You should also make clear to her/him that you have asked them to make a contribution to the group's understanding but that they are involved in an on-going process. Thus though your speaker's viewpoints will probably be very interesting, it may understandably be

different than the one presented in this program. A healthy discussion by the group of those differences can be very helpful, but won't occur if you allow the resource person to exceed the time limit you have given him. We have listed the types of speakers we feel will be most helpful:

Meeting 1
None

Meeting 2
Advertising Media Representative
Psychologist
Family Counselor

Meeting 3
None

Meetings 4 and 5
Psychologist
Family Counselor
Clergy Person

Meeting 6
None

Special Instructions for Each Session

SESSION I

TOTAL TIME SUGGESTED: 2 HOURS

Be flexible so that the group has the freedom to decide (with your guidance) what's most important to them. Neither the times allowed for the segments nor the time allowed for the whole meeting are absolutes.

GETTING ACQUAINTED (Time Suggested: 15 Minutes)
(Refer to Facilitators Guidelines Section, ("Getting Acquainted".)

A. Participants wear name tags through first meeting and perhaps the second also.
B. Self-introductions to the group
   1. Name, occupation, description of your family.
   2. Share a little of your personal background.

SHARING GOALS (Time Suggested: 30 Minutes)

A. Group sharing to build group feeling.
   1. Why did you come?
   2. What do you expect?
   3. If your desires differ from your expectations, how?
   4. How do you feel?
B. Facilitator sharing to introduce the program.
   1. Describe methodology and format of sessions.
   2. Call attention to the introduction and statement of overall goals.
   3. Discuss participants role in the group process.
   4. Call attention to the goal for Session I (page 1).

READING (Time Suggested: 10 Minutes)

A. Have several persons read successive portions aloud or
B. Use this time for each person to read silently

SESSION II

REPORT OF MASS MEDIA ADVERTISING (Time Suggested: 15 Minutes)

A. Participants report the results of monitoring Mass Media Advertising.

B. Facilitator may tabulate results on a blackboard or flip chart.

GUEST SPEAKER OR RESOURCE PERSON (Optional) (Time Suggested: 15 Minutes)
(Refer to Facilitator Guidelines Section, "Guest Speaker or Resource Person.")

VISUAL AID (Optional) (Reduce the Time suggested for "II.Reflection and Discussion..." by the amount of time necessary to show the film.)
(Refer to Facilitator Guidelines Section, "Viewing.")

REFLECTION AND DISCUSSION ON MASS MEDIA ADVERTISING, REALITY APPRAISAL AND READING ASSIGNMENT (Time Suggested: 60 Minutes or 45 Minutes when Guest Speaker is used.)
(Refer to Facilitator Guidelines Section, "Encourage Discussion" "Facing Reality through a Reality Appraisal.")

1. In what way do you think mass media advertising influences the attitude of society toward the use of chemical substances?

2. How much and in what way do you think it effects the attitudes and behaviour of your family?

3. What have you learned about yourself from the Reality Appraisal?

4. How does the history of drugs effect your feelings about today's drug-using society?

5. Do you see yourself as a struggling victim of our drug-using society or as part of the cause? Why?

6. What is your reaction to the so-called decay of family life in our modern world?

7. In what way do you see your family as an important part of society?

8. Can you see your family as an important part of an effort to prevent chemical dependence? Why or why not?

ROLE PLAY AND DISCUSSION (Time Suggested: 20 Minutes)
(Refer to Facilitator Guidelines Section, "Role Play.")

A. Role Play
   1. Choose one from either situations #4 or #8 in the "Role-Playing Situations Section," Page
   2. Set up the situation
   3. Assign the roles
   4. Play the situation

B. Discussion of role play
   1. What tensions resulting from differing points of view were there between the players?
   2. How did the role play demonstrate that differing or contradictory voices in society tend to create tension between persons?
   3. In what way do you feel tension from contradictions in your family?

READING AND DISCUSSION ON CONDUCTING A FAMILY MEETING
(Time Suggested: 15 Minutes)

A. Have several persons read sections of this material to the rest of the group or
B. Have the group read this material to themselves.

SESSION III

REPORT AND REFLECTION ON FAMILY CONSUMPTION OF CHEMICAL SUBSTANCES
(Time suggested: 30 Minutes)

A. Participants report the results of their record of consumption of chemical substances.
B. Facilitator may record them on a blackboard or flip chart.
C. Discussion
   1. What did you learn about your family's consumption of chemical substances?
   2. What, if anything does it indicate about your family's attitudes?
   3. How do you feel about your family's consumption of chemicals?
   4. What does it indicate about needs?
   5. What did you learn about society's consumption of chemical substances?
   6. What, if anything, does it indicate about society's attitudes?

VISUAL AID (Optional)

(Reduce the time suggested for Reflection and Discussion by the amount of time necessary to show the film.)

ROLE PLAY AND DISCUSSION (Time suggested:20 Minutes)

A. Role Play
   1. Choose one from situations #2, #4, #7, or #9 OR
   2. Have the group create its own role play situation involving some parent/child tension in the home, resulting from apparently conflicting needs.
   3. Set up the situation
   4. Assign the roles

B. Discussion of Role Play
   1. What needs were the role players trying to meet while in their roles?
   2. How were they trying to meet them?
   3. What if anything, did you learn about your own needs? The needs of others in your family? Apparently conflicting needs?

SESSION IV

LISTEN TO TAPE: THE VALU-ABLE FAMILY (Time Suggested: 45 Minutes)
(Refer to Facilitator Guidelines Section, "Listening".)

REFLECTION AND DISCUSSION ON TAPE (Time Suggested: 15 Minutes)

A. What are some ways in which you "cherish" your family?
B. How do members of your family express their uniqueness?
C. In what ways does this cause conflict within the family?
D. What are some ways in which you can help each member of your family to be independent and yet a member of a caring, forgiving relationship?

GUEST SPEAKER OR RESOURCE PERSON (Optional) (Time Suggested: 15 Minutes)
(Refer to Facilitator Guidelines Section, "Guest Speaker or Resource Person".)

VISUAL AID (Optional)
(Reduce the time suggested for III Reflection and Discussion by the amount of time necessary to show the film.)

SESSION V

REPORT AND REFLECTION ON FAMILY RULES (Time Suggested: 10 Minutes)

Have the group report on their list of family rules by answering the following questions:

A. How many rules did you develop?
B. What are they?
C. To whom do they apply?
D. How did each one become established?
E. What value does each rule represent?

ROLE PLAY AND DISCUSSION (Time Suggested: 20 Minutes)

A. Role Play
   1. Choose one from situations #1, #3, #5, or #9 OR
   2. Have the group create its own role play situation involving some tension between family members arising out of the existence of differing values or different ranking of values.
   3. Set up the situation.
   4. Assign the roles.

B. Discussion of Role Play
   1. Which values did you identify which seem to be operating in this family?
   2. Which ones were peculiar to particular family members?
   3. How did the rankings of the various family members differ? How were they similar?
   4. Which of the role-players did you feel closest to and what made you feel that way.

GUEST SPEAKER OR RESOURCE PERSON (Optional) (Time Suggested: 15 Minutes)

SESSION VI

REPORT AND REFLECTION ON PLANS FOR A FAMILY ACTIVITY (Time Suggested: 30 Minutes)
Have the group report on their planned family activity by answering the following questions:

A. What activity did you plan?
B. When will it occur?
C. Who is involved?
D. What unresolved conflicts, if any, exist because of individuals' activities?
E. What conflicting feelings did you experience in the planning of this activity?
F. What have you done to deal with them?

ROLE PLAY AND DISCUSSION (Time Suggested: 20 Minutes)

A. Role Play
   1. Use situation #6 OR
   2. Have the group create its own role play situation involving the inability of a family group to be together because of conflicts in schedules.
   3. Set up the situation.
   4. Assign the roles.

B. Discussion of Role Play
   1. What values were being expressed verbally?
   2. What values were being expressed by their actions?
   3. What strategies were suggested that would make family-time acceptable to everyone in the role play situation?
   4. What might make family-time more attractive to each member of this family?
   5. What situation have you had in your own family which was similar to the role play?
   6. How did you react in your own personal situation?

IV. WHERE DO WE GO FROM HERE

A. Report on Support Groups Available in the Community (Time Suggested: 10 Minutes)
Have the group report on locally available support groups or the need for one which is not now available. List them on a blackboard or flip chart.

1. What groups did you find?

2. What need are they attempting to meet?

3. What services do they offer?

4. What cost is there?

5. How do you become affiliated with them?

6. Which group (s) are you connected with?

B. Discussion on New Directions (Time Suggested: 25 Minutes)

1. What need, if any, do you not see being met by an existing group?

2. Which group (s) do you see as being beneficial to you in your efforts to be a better person, spouse, parent?

3. Share with this group some of your plans for your commitment to these support groups.

4. Share with the group some of your feelings about your plans for the future and changes you plan to make.

5. What future do you see for this particular group?

6. What future do you see for this program in your community?

Role-Playing Situations Section

SUGGESTED ROLE-PLAYING SITUATIONS

The group's first opportunity to role-play occurs in Session 2. Additional opportunities occur in Sessions 3, 5, and 6. In each case, particular role-playing situations are suggested from among the nine included here, which are appropriate to the goal of the session.

As the group gains skill and confidence at role-playing, they will find themselves improvising freely. They may wish to develop their own role-playing situations, after they have gained some experience.

As Facilitator, you will want to be familiar with the material on "Role-Playing" outlined on page 21 in the Group Facilitator Guidelines Section.

Here are some additional suggestions which should be shared with the group before each role-playing session.

(1) The purpose of role-playing is not necessarily to resolve the issue at hand. Its value is in giving the opportunity for role players to personally explore the feelings and pressures felt by the persons whose role they are playing.

(2) Try to imagine how the person you are playing feels and might react to various arguments, and what counter arguments he/she might make.

(3) You need not personally agree with or even like the role you are playing.

(4) Be aware of non-verbal methods of communication such as facial expressions and hand and body gestures.

(5) Remember that in real life, people do change their minds.

As a variation in the method used, members of the group who are observing, might be given the opportunity to walk up behind the role-players and whisper suggestions to them if they think something important is not being discussed.

The following role-playing situations have been adapted from *PAR*, Metro Drug Awareness, Minneapolis Health Department.

ROLE-PLAYING SITUATION # 1

(for two people)

Son/Daughter

YOU BEGIN THE ACTION

You are a sixth grader. This week in health education class you have been learning about how harmful cigarette smoking is to your health. You have never tried to smoke and you have no intention of starting. Your father is a chain smoker, usually smoking three packs a day. You want to tell him what you've learned this week and make him quit. You love your father and don't want him to die of lung cancer.

Father

You are the father of a sixth grade child. Your child has just told you that he/she wants to have a talk with you. You don't know what the problem is, but you must try to listen attentively and give your child some good advice. Try to convince her/him that adults are more experienced in life and that children certainly don't have all the answers. Furthermore, giving in to your child makes you feel like you are setting a bad example.

ROLE-PLAYING SITUATION #2

(for two people)

Daughter

YOU BEGIN THE ACTION

You are nineteen years old. You are a student at the University. Although your parents live in the city, you have been living in an apartment near the University since your freshman year. About two months ago, your boyfriend and you decided to live together and share expenses. Your parents are unaware of this move. You are home for the weekend. You want to explain to your mother what your living situation is. You feel that you can convince her that what you are doing is OK. You hope she will understand if you are frank and explain the way things really are. You and your boyfriend are in love and plan to marry in two years, after you both finish college. You feel that "trial marriages" are helpful in insuring compatibility and success in future married life. And, besides co-ed dorms are permissible at the University and you feel your situation isn't very different.

Mother

You are a wife and mother. Your oldest daughter, a nineteen-year-old student at the University, has been living with her boyfriend for some time now. She has never mentioned this to you, but you discovered the situation through a neighbor. You are ashamed of her and think the relationship to be immoral, but you have not been able to think of how to tell her that you do not like what she is doing. Your husband knows nothing about what has been going on and you fear that he will be furious if he finds out. Your daughter is home for the weekend. She wants to have a talk with you about something. Try to convince her that her relationship with her boyfried is immoral and that her reputation will be severely damaged if she continues and more people learn about it. Now is your chance to undo all this wrong; furthermore, you fear your husband might try to harm the boy.

ROLE-PLAYING SITUATION #3

(for two people)

Wife

YOU BEGIN THE ACTION

You are the mother of a twelve-year-old girl. Another mother in the neighborhood has just informed you that her daughter has taken some barbiturate pills out of their medicine cabinet and is currently at a party in the suburbs with your daughter and some other neighborhood children. You are concerned, but want to act rationally about the situation. You are about to tell your husband that your daughter may be at a "pill-party." You must be tactful because your husband gets very irrational when he is upset or angry. You and he must decide whether to call your daughter, call the police, call a hospital, or ride out to the party yourselves and investigate. Talk to your husband.

Husband

You are a husband and the father of a twelve-year-old daughter. You are a good provider for your wife and child. Your wife has nothing to do but raise your daughter and keep the house clean, yet she is not a very good mother. Your daughter is constantly in trouble in school and hangs around with a poor class of kids. You do your utmost to keep your daughter out of trouble but your wife is just too permissive. Your wife wants to talk to you. Listen to what she has to say, but try to get her to do a better job with the child. You've found that the only thing that gets through to your wife is for you to tell her off every once in a while, so if she gets out of hand, let her have it.

ROLE-PLAYING SITUATION #4

(for three people)

Father

YOU BEGIN THE ACTION

You are a husband and a father. You have been married sixteen years. You have two sons, one fourteen and one eleven. Your fourteen-year-old is a model child. He gets good grades, pays attention to you and is a fine athlete. The opposite is true of your younger son. He has long hair and refuses to get it cut to a reasonable length. He hangs out with a rough bunch of boys, most of whom are three or four years older than he is. He has no interest in school or athletics and has been caught lying and cheating many times. Last night you found a small package in your garage which you believe to be marijuana. You don't know whether you should call the police, see your minister, or what, but you want to confront your eleven year old son with your discovery and talk man to man about it. See what you can do.

Son # 1

You are an eleven-year-old boy. Your father has just told you that he wants to have a talk with you and he seems pretty upset. You always get blamed for things that go wrong. You believe that your father may have found some marijuana that belongs to your older brother. You know he smokes marijuana on occasion with his friends, but not very often. You have never tried it.

Son # 2

You are a fourteen-year-old boy. You are the "good boy" of the household. You get good grades, are a fine athlete, and like the role of being a model child in the family. You know that you dropped some marijuana in the garage and you think your father has found it but you don't want him to know that it is yours. Instead, as in the past, you can probably convince your father that the marijuana belongs to your little brother. Nevertheless, you believe that smoking grass once in a while is not any worse than drinking or smoking cigarettes.

ROLE-PLAYING SITUATION #5

(for three people)

SITUATION — Mother and father begin talking about the following problem. One of their three children overhears the conversation and comes in to join them.

Mother

YOU BEGIN THE ACTION — You are a wife of fifteen years. You have three children. Although things haven't been easy, you and your husband have provided a good home and a decent education for your children. Your marriage has been a successful one in your eyes. Lately, your husband has been drinking excessively. He is not aware that you have noticed this but it has been bothering you for about six months. This is your first open confrontation with him. Try to convince him to cut down on alcohol. You fear that his job and your marrriage may be in jeopardy unless this occurs. Your children know when your husband has been drinking and you can tell that they're afraid of him.

Father — You are a husband of fifteen years. You have three children. Although things haven't been easy, you and your wife have provided a good home and a decent education for your children. Your marriage has been a successful one in your eyes. Tonight your wife has told you that she wants to have a serious talk with you about something that has been bothering her. You have a feeling that its about your drinking, especially since you got a little loaded at a party Sunday night and didn't make it to work Monday. You feel that you don't have a serious problem and that you are always in control of your drinking, but everyone is always exaggerating the seriousness of your drinking. Other people would be better off if they quit worrying about your drug use and just enjoyed themselves like you do.

Child — You are a twelve-year-old girl, the oldest of three children. Your parents have been happy together in the past and you feel lucky that your family has gotten along well together. Recently your father, whom you adore, has not been taking the time to sit down and talk with you like he used to. You've noticed that he's been preoccupied with something and you miss the at-

tention. Of the three children in the family, you think you have the best rapport with your parents. Consequently, when you hear your parents arguing, you come in to find out what's going on and to help resolve the conflict.

ROLE-PLAYING SITUATION #6

(for four people)

SITUATION — This family is having difficulty finding time to be together because they are all busy and have many interests outside the family. Basically they'd like to be together more.

Mother

YOU BEGIN THE ACTION — You're busy with the kids during the day, and since you have your own car, you're on the go, shopping, visiting people, and running the kids around. You also work two afternoons a week. When the children were younger, the family was always together, e.g., picnics, fishing, movies, zoo, etc. Within the last year, each family member has preferred activities outside the family with their own friends. You would like to see your family be together more like old times.

Father — You work full time and have at least three evenings a week when you're out with friends, working late, or involved in activities such as bowling, softball, V.F.W., etc. You know you're too busy but frankly you enjoy your outside activities.

Son — You're an active 10 year old boy involved in Little League, Scouts, and hobbies. You play outside a lot and are at friends' houses often. You have your own bike that gets you around and at least two good friends you chum around with also have bicycles. You feel family activities are boring and would rather be with your friends.

Daughter — You're a talkative but pleasant 7 year old girl who plays around the house a lot. You do fair in school and you usually want to do what you want to do. You enjoy being with your parents but you don't like to be around your brother because he makes fun of you and "puts you down."

ROLE-PLAYING SITUATION #7

(for five people)

SITUATION	This family is basically comfortable with each other except that nobody seems to take responsibility for things around the house. The dishes don't get done, things aren't picked up, the yard needs work, etc. Even packing for a fun trip to the lake is a problem. Usually what happens is that one person gets stuck with the family work and planning.
Mother YOU BEGIN THE ACTION	You often are tired because you get stuck with much of the family planning and work. You'd like your husband to do some planning and do such simple things as calling the baby sitter, deciding where to go for picnics, picking up tools, etc.
Father	You don't like things the way they are and want your wife to shape things up. You realize she can't do it alone but if she only managed the family more efficiently like you've told her in the past, everything would run more smoothly.
Son	You are 15 years old and think things could be more pleasant for all if everyone pitched in. You'd help more but you're busy with your friends, sports, and school. You'd help if you weren't the only one who seems willing.
Daughter	You're 11 years old and hate the nagging. You're beginning to resent your parents and brothers and even the idea of being a future homemaker. Secretly you like to cook, sew, and help around the house. It might even be fun to fix an occasional dinner and do things together with Mom but you always get treated like you're a maid rather than part of the family.
Son	You are 7 years old and confused by it all. You do not help much yourself because the others say you are too young. You feel that you never have the opportunity to voice your opinion. You've tried a few times to participate in family decisions but no one respects your opinion. You have also tried to help with family chores but never get any credit.

ROLE-PLAYING SITUATION #8

(for six-eight people)

SITUATION	A student gets caught in the bathroom with a lighted marijuana cigarette. A meeting is called to come to a decision on how to deal with the problem.
Principal YOU BEGIN THE ACTION	Your role will be to consider all sides of the problem and arrive at a decision.
Disciplinarian	You have written a rigid policy for the school on drug-related problems. You feel that if students are not punished according to the rules, students will begin to disregard the policy. You, therefore, recommend strict enforcement of the policy.
Apprehending Teacher	You inadvertently noticed a strange, smoky smell coming out of the washroom. Upon inspection, you caught a student with a marijuana cigarette and brought him/her to the disciplinarian.
Student	However you want to portray the role.
Father	You are very upset that you were called away from work. You feel that if the school had more control over its students, the students would not get into this kind of trouble.
Mother	You feel badly for your son/daughter. You don't want him/her labeled as a "drug addict." Whatever the case may be, you feel that suspension from school is not the answer.
Additional Optional Roles	
Counselor	
Friend of Student	

ROLE-PLAYING SITUATION #9

(for seven people)

SITUATION	The daughter of this family refuses to attend church. There is a family meeting to resolve the conflict with the pastor of the church acting as mediator.
Pastor YOU BEING THE ACTION	You are in your mid-thirties and are unmarried. You really don't care for the "usual traditions and rituals" involved in church work. You try to work creatively within the church framework to effect change and "make progress." You have personal charm, charisma, and a genuine warm interest in others. You believe that the church can best contribute to the solution of civic problems by going to all people and working in the community on community problems.
Mother	You are in your late 40's. You are very dominated by your mother (father) who lives with your family and is a religious fanatic. You think it is important that your kids go to church every week because you were brought up that way and you feel that you turned out okay. Also, you are concerned about what your neighbors will think if your kids don't go to church and what your friends at church will think. You know that your mother (father) is emphatic about your children going to church and so you urge them to go.
Father	You are in your early 50's. You don't spend much time with the family in the evenings because you enjoy bowling, softball and golf. You feel henpecked by your wife. Every Sunday you go to church because your wife wants you to, even though you would rather play golf. You find church boring but you think that all children should go regularly to church.
Daughter	You are 16 years old. You don't get along well with your family. You feel they don't understand you. You don't like going to church because none of your friends do. You would rather sleep on Sundays and whenever you do go to church you are bored with the sermons.

(continued)

You are 18 years old and a fanatic Billy Graham follower. You spend most of your weekends at church activities and witnessing. You feel that everyone needs to meet Christ and be saved. You know that you are favored by your grandparent and that pleases you.

You are 82 and sort of senile. You go to church every Sunday and have devotions every day. You are a religious fanatic and think everyone who doesn't pray or go to church is doomed. You favor your grandson because he is a man after your own heart.

You are a friend of the daughter's. You go to church because your girlfriend (boyfriend) is there but you wouldn't go otherwise. You don't think that you believe in God and you think that anyone who does is really stupid. Your usual response is "you can't prove God is there, so why should I believe in something that's not there."

Other Resources

Visual Aids

The following 16mm films have been included as additional or, *preferably*, alternate resources. While there are a great number of films available, these have been selected because they are closest to the spirit of the subject matter in this program. You will also notice that most of them are very short. All of this is intentional. We do not encourage substitutions as it will change the direction in which your group has headed as a result of the program material. The source from which they may be obtained and the cost, if any, is also included.

If you decide to use one of these films, we suggest that you use it as a part of the resource input before discussion, such as you might use a guest speaker. If your group is uncomfortable with the role play and is not willing to use it, you might consider a film as an alternative. Films need *not* be used, however, for your group to get the full impact from this program but can be a valuable alternate resource.

SESSION 2

WALLS AND WINDOWS , INT-601 -- 13 min. Color. Sale: $160.00
ASSOCIATION FILMS Rental 1-5 Days: $15.95

"Why can't you see my point of view?" Is communication possible between people who have different values? If communicating with parents is so difficult, why bother? Four film segments that encourage a free flowing discussion of communication dynamics.

CHANGING? , NIMH-- Approximately 30 min. Color.
NIMH FILMS Free from State Lending Libraries

This film looks into the life of a 32 year-old truck mechanic who, with his wife, took inventory of himself a year ago and concluded that something was missing. He and his wife felt that they were too oriented toward working for the dollar and that satisfactions were scarce. Both entered therapy, and both made decisions to live less under the pressure of external culture and more in the light of their own attitudes and needs. The couple's changes (complete with beard, beads and pot) resulted in the loss of some friends (although their home became a haven for others with problems) and in a growing concern over future respect and trust between themselves and their children. While communication between husband and wife has improved, they find themselves coping with their children's potential involvement with drugs and their own use of the "double standard." A discussion guide accompanies the film.

SESSION 3

ME MYSELF INT-603--12 min. Color. Sale $160.00
ASSOCIATION FILMS Rental 1-5 Days: $15.00

"Daddy, I'm not pretty...I'm not smart...I just take up space...." What makes a beautiful person? What does it take to feel good about yourself? Finding what is valuable in oneself is the theme of this film. Each of the four open-ended vignettes will launch exciting and provocative discussions of self image and the meaning of maturity.

A TALENT FOR TONY, Teleketics--15 min. Color.
ROA FILMS Rental: $15.00

As Tony's artist-father prepares a display for an art festival, he invited Tony and his brother and sister to create their own contributions. The designs of the older children reflect their whimsical fantasies but Tony becomes discouraged and his fear of failure is fantasized as a ferocious lion. Viewers who identify with Tony and his lack of self-confidence will be encouraged by the final scene in which Tony recognizes his own worth as well as the value of his talent.

BRIAN AT 17 NIMH--Approximately 30 min. Color.
NIMH FILMS Free from State Lending Libraries

This film enters the world of a high school senior and looks at his life from an adolescent's viewpoint. He lives alone with his divorced mother (with occasional visits from an older sister), skips school a great deal, goes out with his friends, smokes marijuana, and takes pictures. He does not like to think about the future. Brian's world outside school, of course, affects what happens during school hours. His teachers--each of whom sees him for one hour each day--along with over 200 other students, must try to deal with the motivations and individuality of this young man, who is influenced by so many factors beyond the boundaries of school. The teachers are faced with the question of the extent of their own responsibilities in Brian's life. There is also the larger question: who, if anyone, is responsible for Brian? A discussion guide accompanies the film.

SESSIONS 4 AND 5

RAPPORT, INT-611--12 min. Color. Sale: $160.00
ASSOCIATION FILMS Rental 1-5 Days: $15.00

Why do two people decide to merge their lives? What can husband and wife

reasonably expect from each other? Can a dying marriage be restored to life? In these three vignettes the dynamics of the man-woman relationship and sensitivity are exposed.

ADVENTURES OF AN ASTERISK, Contemporary--10 min. Color.
ROA FILMS Rental: $10.00

Hubley's cartoon opens with the baby character * crawling around and exploring the world he has just discovered. As he grows, this character comes to imitate everything he sees. The contrast throughout is between the sensitive, alive, creative * and his rather dull father, who simply reads the paper. But the crucial day comes when imitation gives way to conformity, and then the final process of growing up turns him into another father, with a baby * all his own. The ending is as touching and effective as any Hubley ending: the father takes on the spirit of the boy.

FAMILY ENCOUNTER, TeleSPOTS--8 min. Color.
ROA FILMS Rental: $10.00

Seven one-minute TeleSPOTS depict various incidents, some negative, some positive, regarding family communication: Listen Lady--The Kiss--War Games--Like Father, Like Son--Rat Race--Can I talk to You, Dad?--Say "Yes" to Love.

FAMILY, NIMH--Approximately 30 min. Color.
NIMH FILMS Free from State Lending Libraries

Family portrays a middle class American family, the Campbells, at one point in time. The film examines the major issues in the family's existence: the father's apparent estrangement from the children, the mother's competence and closeness to the children, and the manner in which the family deals with these factors. This family, like all families, has numerous identifiable traits, needs, tactics and reactions. The "down-time" relaxed interactions as well as potential conflict situations get equal time. A discussion guide accompanies the film.

SESSION 6

BEING REAL, INT-601--11 min. Color.
ASSOCIATION FILMS Rental 1-5 Days: $15.00

What makes each person special? How do you get in touch with your real self? How important is it to reveal the real you? When should you stick to your principles? The four open-ended vignettes in this film begin with an exploration of personal integrity and move outward to probe issues of honesty in social relationships.

THE DIVIDED MAN, S. Bosustow--5 min. Color.
ROA FILMS Rental: $10.00

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The agencies listed here have been designated by the National Institute for Mental Health, H.E.W. as local resources for drug abuse information and education materials. They have agreed to loan the Social Seminar films on a free, first-come, first-served basis, to educational institutions and other appropriate community organizations.

ALABAMA

Norman Rice
State Dept. of Education
State Office Bldg.
Montgomery, Ala. 36104

ALASKA

Mary Beth Hilburn
Dept. of Education
Pouch F
Juneau, Alaska 99801

ARIZONA

Film Library
Arizona State Dept. of Health
14 N. Central, Rm. 301
Phoenix, Ariz. 85004

Robert Bell
Drug Ed. Div.--Dept. of Educ.
100 E. Alameda
Suite 511
Tucson, Ariz. 85701

ARKANSAS

Drug Training Program
Arch Ford Bldg.
Little Rock, Ark. 72201

CALIFORNIA

Film Library
Bureau of Mental Health Ed.
Dept. of Mental Hygiene
744 "P" Street
Sacramento, Cal. 95814

COLORADO

Mr. Robert W. Gonring
Dept. of Health
4210 East 11th Ave.
Denver, Colo. 80220

Mr. James D. Meeks
Colorado Dept. of Education
State Library Bldg.
1362 Lincoln
Denver, Colo. 80203

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Dept. of Mental Health
A.D.D.D.
51 Coventry Street
Hartford, Conn. 06112

Robert C. Tucker
Yale Drug Dependence Institute
98 Park Street
New Haven, Conn. 06519

CONNECTICUT (CON'T.)

Dr. Russell D. Capen
State Dept. of Education
P.O. Box 2219
Hartford, Conn. 06115

Walter Stuart
Capital Region Drug Infor. Ctr.
179 Allyn St.
Hartford, Conn. 06103

DELAWARE

State Film Library
Dept. of Public Instruction
John G. Townsend Bldg.
Dover, Del. 19901

FLORIDA

Bureau of Group Treatment
Staff Development Center
c/o W.H. Johnson Bldg.
401 N. Monroe St., 3rd. Fl.
Tallahassee, Fla. 32301

GEORGIA

Jack S. Short
State Dept. of Educ.--Film Lib.
156 Trinity Ave., S.W.
Atlanta, Ga. 30303

HAWAII

Dept. of Education
Audio-Visual Center
4211 Waialae Ave., Rm. 7103
Honolulu, Hawaii 96816

ILLINOIS

William E. Skadden
Ill. Dept. of Mental Health
401 S. Spring St.
Springfield, Ill. 62708

IOWA

Mr. Paul Spurlock
Grimes State Office Bldg.
State Dept. of Public Instruction
Des Moines, Iowa 50319

KANSAS

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State Dept. of Education
120 E. 10th
Topeka, Kan. 66612

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Frankfort, Ky. 40601

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A-V Education
P.O. Box 44064
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MAINE

Film Library
Dept. of Health & Welfare
Augusta, Maine 04330

MARYLAND

Bill Fallette, Film Services
Md. St. Dept. of Health
and Mental Hygiene
301 W. Preston St.
Baltimore, Md. 21201

MASSACHUSETTS

Dept. of Education
Office of Audio-Visual Services
182 Tremont St., 13th Fl.
Boston, Mass. 02110

MICHIGAN

Dr. E.J. McClendon
Chief, Health, Phys. Ed. and Recreation
State Dept. of Education
Lansing, Mich. 48902

MINNESOTA

Dr. Carl Knutsen
Minn. Dept. of Education
Capital Square Bldg.
St. Paul, Minn. 55101

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Range Mental Health Center, Inc.
624 South 13th St.
Virginia, Minn. 55792

Charles M. Heinecke
Minneapolis Health Dept.
250 South Fourth St.
Minneapolis, Minn. 55414

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Educational Media Services
420 North State St.
Jackson, Miss. 39201

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State Dept. of Education
Jefferson City, Mo. 65101

NEW YORK

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N.Y. Univ. Film Library
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New York, N.Y. 10003

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74 Columbia Blvd.
Kenmore, N.Y. 14217

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Mr. J.M. Shaver
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Rm. 18, Education Bldg.
Dept. of Public Instruction
Raleigh, N.C. 27602

Mrs. Lillian Pike
Dept. of Mental Health
P.O. Box 26327
325 North Salisbury St.
Raleigh, N.C. 27611

NORTH DAKOTA

Hank Landeis
Dept. of Public Instruction
State Capital
Bismarck, N.D. 58501

OHIO

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518 S. Wall St.
Columbus, Ohio 43215

Woodrow W. Zinser
Dept. of Education
Div. of Drug Education
781 Northwest Blvd.
Columbus, Ohio 43212

James R. Myers
Ohio Prevention & Education Services
1208 State Office Bldg.
65 S. Front
Columbus, Ohio 43215

OKLAHOMA

Mr. Nevin Starkey
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3400 N. Eastern
Oklahoma City, Okla. 73105

Narcotics and Drug Education
4545 Lincoln Blvd.
#255
Oklahoma City, Okla. 73105

OREGON

Alcohol and Drug Section
Sixth F.--Henry Bldg.
309 S.W. 4th Ave.
Portland, Ore. 97204

PENNSYLVANIA

Alvin S. Goodman
Dept. of Public Welfare
A-V Section
313 CAB,P.O. Box 2675
Harrisburg, Pa. 17120

SOUTH CAROLINA

Dept. of Mental Health Film
Library
Div. Community Mental Health
Services
P.O. Box 485
Columbia, S.C. 29902

State Dept. of Education
A-V Library
1513 Gervais Street
Columbia, S.C. 29201

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UTAH

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2875 S. Main St.
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Film Library
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